Image# 15970370107 PAGE 1 / 127

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Authorized				Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
American Society of And	esthesiologis	ts Political Ad	ction Com	mittee		
ADDRESS (number and street)	1061 American La	ane				
Check if different						
than previously reported. (ACC)	Schaumburg				IL .	60173
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦			STATE 🛦	ZIP CODE ▲
C C00255752		3. IS THIS REPORT	~	IEW N) <b>OR</b>	AN (A)	MENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		★ Apr 20 (M4)		Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRF-FI	ection	Primary (12P Convention (		General Special (	
October 15 Quarterly Report (Q3)	· ·		Convention	120)	Openiar (	120)
January 31 Year-End Report (YE)		Election on	M = M /	D   D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E	Election	General (30G	a)	Runoff (3	Special (30S)
Termination Report (TER)	Пороп	Election on	M - M /	D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 03	/ D D / N	2015	through	03	31	2015
I certify that I have examined this	Report and to th	e best of my kno	wledge and b	pelief it is tru	ie, correct an	d complete.
Type or Print Name of Treasurer	Mr. Thomas Conv	way				
Signature of Treasurer Mr. Tha	omas Conway		[Electronically	Filed]	Date 04	17 2015
NOTE: Submission of false, erroneo	us, or incomplete	information may su	ubject the pers	son signing th	nis Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	
Write or Type Committee Name  American Society of Anesthesiolog	ists Political Action Committee	
Report Covering the Period: From:	3 01 2015 To:	03 31 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
G. (a) Cash on Hand  January 1,  2015		590980.74
(b) Cash on Hand at  Beginning of Reporting Period	688819.90	
(c) Total Receipts (from Line 19)	95092.75	272389.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	783912.65	863370.04
7. Total Disbursements (from Line 31)	203318.61	282776.00
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	580594.04	580594.04
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission	

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	3 01 2015	To: 03 / 31 / 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	71517.79	171603.31
	(ii) Unitemized(iii) TOTAL (add	, 23574.96	100785.99
	Lines 11(a)(i) and (ii)	95092.75	272389.30
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	95092.75	272389.30
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17.	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
18.	(Dividends, Interest, etc.)	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	95092.75	272389.30
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	95092.75	272389.30

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
Operating Expenditures:      (a) Allocated Federal/Non-Federal	Total Tillo I ollou	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	3.00	5.00				
Expenditures	2651.93	7067.65				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))▶	2651.93	7067.65				
. Transfers to Affiliated/Other Party	0.00	0.00				
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	200500.00	275500.00				
. Independent Expenditures	0.00	0.00				
(use Schedule E)	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(222 00.100010 1 )						
Loan Repayments Made	0.00	0.00				
Loons Made	0.00	0.00				
Loans MadeRefunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	41.67				
-						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	41.67				
Other Disbursements	166.68	166.68				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Lovin" Shara	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00					
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	203318.61	282776.00				
, , , , , , , , , , , , , , , , , , , ,	200100	202110.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20224.0.64	202776.00				
from Line 31)	203318.61	282776.00				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	95092.75	272389.30		
4. Total Contribution Refunds (from Line 28(d))	0.00	41.67		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95092.75	272347.63		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2651.93	7067.65		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2651.93	7067.65		

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	6	OF		127
(check only one)										
	×	11a		11b		11c	12	2		
		13		14		15	16	6		17

	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Society of Anesthe	esiologists Political Action Committee	e 
Full Name (Last, First, Middle Initial)  John P. Abenstein M.S.E.E.,		Date of Receipt
Mailing Address 10978 Eleventh Ave N.W	V	03 05 2015
City	State Zip Code	Transaction ID : C2942047
Oronoco	MN 55960-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Mayo Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  Amr E. Abouleish M.D., M.B.		Date of Receipt
Mailing Address 4303 Evergreen Elm Ct		03 01 2015
City	State Zip Code	Transaction ID : C2940148
Houston	TX 77059-3120	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.34
Name of Employer	Occupation	7
University of Texas Medical Branch	Professor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Eric J. Albrecht M.D.		Date of Receipt
Mailing Address 938 Hanover Ave		03 14 2015
City	State Zip Code	Transaction ID : C2946172
Norfolk	VA 23508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	-
Atlantic Anesthesia, Inc.	anesthesiologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional	al)	250.02
, , , , ,	<u> </u>	
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:					PAGE		7	OF	127
ı	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  James P. Allen D.O.		Date of Receipt
Mailing Address 10398 S. 92nd E. Ave		03 29 2015
City	State Zip Code	Transaction ID : C2968840
Tulsa	OK 74133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
St. John Clinic	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Shane C. Angus A.AC, M.	<u> </u>	Date of Receipt
Mailing Address 820 1st N.E. LL-150, Mail 25		03 30 2015
City	State Zip Code	Transaction ID : C2969228
Washington	DC 20002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Case Western Reserve University	Assistant Program Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  Anthony Arellano-Kruse M.D.	<b>'</b>	Date of Receipt
Mailing Address Anesthesia Medical Grou 3330 Lomita Blvd		03 13 2015
City	State Zip Code	Transaction ID : C2946162
Torrance	CA 90505-5002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Anthony Arellano-Kruse, MD inc	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	1333.34
TOTAL This Period (last page this line nun	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	8	OF	127
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Brett L. Arron M.D. Date of Receipt Mailing Address 52 Lake St 2015 City Zip Code State Transaction ID: C2950865 RΙ Wakefield 02879 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Providence Anesthesiologists, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 510.02 Other (specify) Full Name (Last, First, Middle Initial) B. Lee E. Arthur M.D. Date of Receipt Mailing Address 504 Medical Center Blvd 03 13 2015 City State Zip Code Transaction ID: C2946017 TX Conroe 77304-2808 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation North Houston Anesthesiologists Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott E. Ashcraft M.D. Date of Receipt

Mailing Address 8900 Indian Creek Pkwy Ste 500 05 2015 03 State Zip Code Transaction ID: C2942065 KS Overland Park 66210 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Midwest Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1108.34

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	9	OF		127
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		17

	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Society of Anesthe	esiologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  A. Sana Ata M.D.		Date of Receipt
Mailing Address 41 Mall Rd		03 12 2015
City	State Zip Code	Transaction ID : C2945971
Burlington	MA 01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	1
Lahey Hospital and Medical Center	Medical Doctor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial)  Sana Ata M.D.		Date of Receipt
Mailing Address 41 Mall Rd		03 13 2015
City	State Zip Code	Transaction ID : C2946027
Burlington	MA 01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.34
Name of Employer	Occupation	1
Lahey Hospital and Medical Center	Medical Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.04	
Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial)  Mark B. Atkinson M.D.		Date of Receipt
Mailing Address 5729 Stone Pine St		03 31 2015
City	State Zip Code	Transaction ID : C2978281
Kalamazoo	MI 49009-6742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
kalamazoo anesthesiology	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	666.68
TOTAL This Period (last page this line num	nber only)	
	***************************************	

FOR LINE NUMBER: PAGE 10 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jennifer P. Aunspaugh M.D. Date of Receipt Mailing Address 1 CHILDRENS WAY 03 04 2015 City Zip Code State Transaction ID: C2941899 AR LITTLE ROCK 72202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Assistant Professor Pediatric Anes an Arkansas Childrens Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ruben J. Azocar M.D. Date of Receipt Mailing Address 800 Washington St # 298 03 19 2015 City State Zip Code Transaction ID: C2951507 MA **Boston** 02111-1552 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Tufts Medical Center** Physician Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shawn E. Banks M.D. Date of Receipt Mailing Address 601 NE 36th St Apt 3407 03 29 2015 City State Zip Code Transaction ID: C2968824 FL Miami 33137-3976 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician University of Miami School of Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Lawrence A. Bauss M.D. Date of Receipt Mailing Address 1122 Edgemoor Ave 2015 31 City Zip Code State Transaction ID: C2978282 Kalamazoo MI 49008-2320 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Patrick F. Bebawy M.D. Date of Receipt Mailing Address 157 Kenilworth Ave 03 04 2015 City State Zip Code Transaction ID: C2941920 IL Kenilworth 60043-1240 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Anesthe Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David B. Berger M.D. Date of Receipt Mailing Address 7 Sandra Ct. 03 19 2015 City Zip Code State Transaction ID: C2950892 NY Glen Cove 11542 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard F. Bindseil D.O. Date of Receipt Mailing Address 1181 Wyndemere Cir 03 30 2015 City State Zip Code Transaction ID: C2969606 CO Longmont 80504-2321 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northern Colorado Anesthesia Professio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy B. Binstock M.D. Date of Receipt Mailing Address 1122 W Montana St 03 05 2015 City State Zip Code Transaction ID: C2942049 IL Chicago 60614-2221 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Chicago Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy B. Binstock M.D. Date of Receipt Mailing Address 1122 W Montana St 2015 03 11 City State Zip Code Transaction ID: C2945800 IL Chicago 60614-2221 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University of Chicago Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 13 OF 127 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	ogists Political Action Committe	ee
Bellingham Anesthesia Associates  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code WA 98226-7938  C  Occupation physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt  03 16 2015  Transaction ID: C2946239  Amount of Each Receipt this Period  100.00
Maray Clinia Anasthasialagy	State Zip Code MO 65809-2348  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 21 2015  Transaction ID : C2959225  Amount of Each Receipt this Period  83.34
, ,	State Zip Code NY 10708-6472  C  Occupation  Doctor  Aggregate Year-to-Date ▼	Date of Receipt  03 08 2015  Transaction ID : C2944307  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number on	<u> </u>	266.68

	FOR LINE	NUMBER	:   PAGE	E 14 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
,	13	1/	15	16

127

	Statements may not be sold or used by any person and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Robert F. Bossard M.D.  Mailing Address 17210 Meadow Tree Cir.  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer US Anesthesia Partners  Receipt For:  Primary General Other (specify)	State Zip Code TX 75248-6000  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Josue Brainin-Mattos M.D.  Mailing Address 7891 Mount Ranier Dr  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer  Florida Anesthesia Associates  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code FL 32256-2999  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Matthew E. Brown D.O.  Mailing Address 9472 E. 105th St. S  City Tulsa  FEC ID number of contributing federal political committee.  Name of Employer  St. John Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code OK 74133  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	1083.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 15 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Ronald S. Brown Jr., M.D. Date of Receipt Mailing Address 1 Mobile Infirmary Cir., 2nd Fl. 30 2015 City Zip Code State Transaction ID: C2969216 Mobile AL 36607-3522 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Services Mobile Alabama anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Claude Brunson M.D. Date of Receipt Mailing Address 2500 N State St 03 04 2015 City State Zip Code Transaction ID: C2942036 MS Jackson 39216-4500 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Mississippi Med Ctr Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kurt T. Budenbender D.O. Date of Receipt Mailing Address 1850 N. Central Ave Ste 1600 03 11 2015 City State Zip Code Transaction ID: C2945780 ΑZ Phoenix 85004 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Valley Anes. Consultants, LTD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James R. Burch M.D. Date of Receipt Mailing Address 1755 Kirby Pky., Suite #330 2015 03 City Zip Code State Transaction ID: C2946020 TN Memphis 38120-4398 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical Anesthesia Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick W. Burgess M.D., Ph.D. Date of Receipt Mailing Address 569 Fruit Hill Ave 03 04 2015 City State Zip Code Transaction ID: C2941900 North Providence RΙ 02911 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Providence VAMC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeremy Bush M.D. Date of Receipt Mailing Address 601 W Maple Ave Ste 503 03 23 2015 City Zip Code State Transaction ID: C2959523 AR Springdale 72764-5376 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northwest Anesthesiology Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Neal F. Campbell M.D.		Date of Receipt
Mailing Address Department of Pediatric Anes	ethesio	M = M / D = D / Y = Y = Y
2401 Gillham Road		03 01 2015
City	State Zip Code	Transaction ID : C2940162
Kansas City	MO 64108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Associates of Kansas City,	Pediatric Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate V	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  James D. Cantoni M.D.		Date of Receipt
Mailing Address 58 Great Oak Dr		M = M / D = D / Y = Y = Y
C:h.	Ctata Zin Cada	03 02 2015
City	State Zip Code OH 44236-2296	Transaction ID: C2941006
Hudson	OH 44236-2296	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Hudson Physicians Associates, Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 13 111 111 111	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  C. John Carney M.D.		Date of Receipt
Mailing Address 534 Ridgeview Drive		03 04 2015
City	State Zip Code	Transaction ID : C2941893
Erie	PA 16505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
North American Partners in Anesthesia	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	ggggc	
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	683.34
TOTAL This Period (last page this line number	only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF 127

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       X       11a       11b       11c       12       13       14       15       16       17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	ists Political Action Committe	ee
Orlando  FEC ID number of contributing federal political committee.  Name of Employer  LCAA  Property For:	State Zip Code FL 32814  Coupation esthesiologist ggregate Year-to-Date  250.02	Date of Receipt  03 01 2015  Transaction ID: C2940171  Amount of Each Receipt this Period  83.34
Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Self An	State Zip Code MI 49003-4095  Coupation esthesiologist ggregate Year-to-Date   500.00	Date of Receipt  03 31 2015  Transaction ID : C2978283  Amount of Each Receipt this Period  500.00
Little Rock  FEC ID number of contributing federal political committee.  Name of Employer Occurrence university of arkansas for medical sci ph	State Zip Code AR 72223-8917  Cupation  ysician  ggregate Year-to-Date   250.02	Date of Receipt  M M M / D D / Y Y Y Y Y  03 13 2015  Transaction ID : C2946042  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		666.68
TOTAL This Period (last page this line number only)	l	

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for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c		12		
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127

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Jiravud Chanvitayapongs M.D.  Mailing Address 7737 E Purple Desert Pass  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer  Old Pueblo Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85715-3656  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  M M M / D D / Y Y Y Y Y  O3 16 2015  Transaction ID: C2946236  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Patrick R. Chase M.D.  Mailing Address 731 N Willow Ave  City Fayetteville  FEC ID number of contributing federal political committee.  Name of Employer Northwest anesthesiology associates  Receipt For:  Primary General Other (specify)	State Zip Code AR 72701-3552  C  Occupation Anesthesiolofist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  03
Full Name (Last, First, Middle Initial)  Samuel A. Cherry III, M.D.  Mailing Address 149 Lucerne Blvd  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  Birmingham VA Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code AL 35209-6657  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	666.68
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		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Peter G. Coles M.D.		Date of Receipt
Mailing Address 900 Peeler St. P.O. Box 4095		03 31 2015
City	State Zip Code	Transaction ID : C2978284
Kalamazoo	MI 49003-4095	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Kalamazoo Anesthesiology, P.C.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Richard B. Colquitt M.D.		Date of Receipt
Mailing Address 5556 Denali St		03 31 2015
City	State Zip Code	Transaction ID: C2978285
Kalamazoo	MI 49009-6701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Virginia Health System	Occupation Resident	
Receipt For:		1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Lebron Cooper M.D.		Date of Receipt
Mailing Address 444 W. Willis St #514		03 30 2015
City	State Zip Code	Transaction ID : C2969227
Detroit	MI 48201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	1
Henry Ford Hospital	Anesthesiologist	_
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional).		1083.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 21 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) W. Eric Cox M.D. Date of Receipt Mailing Address 1924 Alcoa Highway UT Medical Center, Dept. of Anesth 2015 City Zip Code Transaction ID: C2946062 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey Crispell M.D. Date of Receipt Mailing Address 425 Pine Ridge Blvd Ste 211 03 80 2015 City State Zip Code Transaction ID: C2944322 WI Wausau 54401-4123 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Central Wisconsin Anesthesiology, S.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. J. Grady Crosland M.D. Date of Receipt Mailing Address 8 Portland Rd 03 31 2015 City Zip Code State Transaction ID: C2978270 AR Little Rock 72212-2729 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Nassau Anesthesia Asociates, PC Winthr Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark E. Crowe M.D. Date of Receipt Mailing Address 2006 Franklin St SE Ste 301 2015 City Zip Code State Transaction ID: C2945749 Huntsville AL 35801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Comprehensive Anesthesia Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Armando D'Arduini M.D. Date of Receipt Mailing Address 259 1st St Dept of Anes 03 30 2015 City State Zip Code Transaction ID: C2969623 NY Mineola 11501-3957 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Winthrop University Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William J. Daly Jr., M.D. Date of Receipt Mailing Address 5501 Cherlyn Dr 2015 03 26 City Zip Code State Transaction ID: C2965086 LA **New Orleans** 70124-1136 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Ochsner Medical System Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

127

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael Danic M.D. Date of Receipt Mailing Address 14726 Fox 2015 City Zip Code State Transaction ID: C2949172 48239-3163 Redford MI Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation American Anesthesiology Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas E. Daufenbach M.D. Date of Receipt Mailing Address 6618 Oleander Lane 03 31 2015 City State Zip Code Transaction ID: C2978286 MI Portage 49024 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Victor Davila M.D. Date of Receipt Mailing Address 4400 Kipling Rd 03 01 2015 City Zip Code State Transaction ID: C2940176 OH Columbus 43220 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Assistant Professor Ohio State University Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kraig S. de Lanzac M.D. Date of Receipt Mailing Address 12 Tara Pl 2015 City Zip Code State Transaction ID: C2945343 70002-1559 Metairie LA Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Slidell Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Kjersti K. Deckert M.D. Date of Receipt Mailing Address 2155 S 116th Cir 03 26 2015 City State Zip Code Transaction ID: C2985417 NE Walton 68461-2026 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Associated Anesthesiologists, PC Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Allen Dennis M.D. Date of Receipt Mailing Address 14857 Holly Leaf Dr 03 09 2015 City Zip Code State Transaction ID: C2944401 TX Frisco 75035-7451 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Advanced pain care Pain physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Allen Dennis M.D. Date of Receipt Mailing Address 14857 Holly Leaf Dr 03 2015 24 City State Zip Code Transaction ID: C2961434 75035-7451 TX Frisco Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Advanced pain care Pain physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Laura I. Dew M.D. Date of Receipt Mailing Address 3721 Robinhood Street 03 04 2015 City State Zip Code Transaction ID: C2941890 TX Houston 77005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Greater Houston Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. John F. Di Capua M.D. Date of Receipt Mailing Address 74 Byram Ridge Road 20 03 2015 City Zip Code State Transaction ID: C2955493 NY Armonk 10504-1210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician North Shore University Hospital Anesth Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

127

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christian Diez M.D. Date of Receipt Mailing Address 7915 SW 55 Avenue 03 2015 City State Zip Code Transaction ID: C2945974 FL Miami 33143 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Miami Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Heather A. Dobbs M.D. Date of Receipt Mailing Address 8935 Hathaway Rd 03 31 2015 City State Zip Code Transaction ID: C2978287 MI Kalamazoo 49009-6918 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Univ of Virginia Health System Resident Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Jennifer R. Dollar M.D. Date of Receipt Mailing Address 869 Shades Crest Rd. 2015 03 03 City State Zip Code Transaction ID: C2941326 ΑL Birmingham 35226 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician anesthesiologist Pediatric Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Donald D. Downs M.D. Date of Receipt Mailing Address 7351 Oliver Woods Dr SE 03 2015 28 City Zip Code State Transaction ID: C2968773 **Grand Rapids** MI 49546-9707 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Gary M. Druskovich M.D. Date of Receipt Mailing Address 5888 Rolling Pines Ct. 03 31 2015 City State Zip Code Transaction ID: C2978288 MI Kalamazoo 49009 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan A. Eash M.D. Date of Receipt Mailing Address 3101 Robinhood Ln 03 25 2015 City Zip Code State Transaction ID: C2985407 IN South Bend 46614-2113 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Michiana Anesthesia Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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127

	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  James P. Eichman M.D.  Mailing Address 8658 Colony Ln.  City Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary General Other (specify)	State Zip Code MI 49009-4579  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M J 2015  Transaction ID: C2978289  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Clint E. Elliott M.D.  Mailing Address 1514 Jefferson Hwy  City  New Orleans  FEC ID number of contributing federal political committee.  Name of Employer  Ochsner Health System, Department of A  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70121  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03 31 2015  Transaction ID: C2969762  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City  East Lansing  FEC ID number of contributing federal political committee.  Name of Employer  Capital Area Anesthesia, P.C.  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48823  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  M M M / D D / 2015  Transaction ID : C2940150  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	833.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 29 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

127

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher D. Emerson M.D. Date of Receipt Mailing Address 2303 W 113th Ct S 07 2015 City Zip Code State Transaction ID: C2944284 OK **Jenks** 74037 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists, INC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Epstein M.D. Date of Receipt Mailing Address 1 Gustave L Levy PI Anes. Dept. 03 03 2015 City State Zip Code Transaction ID: C2941317 NY New York 10029-6504 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Mount Sinai School of Medicine Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Luis Esparza M.D. Date of Receipt Mailing Address 2810 N Swan Rd Ste 100 03 12 2015 City Zip Code State Transaction ID: C2946051 ΑZ Tucson 85712-6300 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST OLD PUEBLO ANESTH** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 1168.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one)

127

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Society of Anesthesiological)	ists Political Action Committe	ee
Tucson  FEC ID number of contributing federal political committee.  Name of Employer  OLD PUEBLO ANESTH  ANI	State Zip Code AZ 85712-6300  Cupation ESTHESIOLOGIST gregate Year-to-Date ▼  255.00	Date of Receipt  03 20 2015  Transaction ID: C2956791  Amount of Each Receipt this Period  85.00
Miami  FEC ID number of contributing federal political committee.  Name of Employer Univ. of Miami  Receipt For:	State Zip Code FL 33101  Cupation esthesiologist gregate Year-to-Date ▼  250.02	Date of Receipt  03 28 2015  Transaction ID: C2968779  Amount of Each Receipt this Period  83.34
Tyler  FEC ID number of contributing federal political committee.  Name of Employer  Trinity Clinic Anesthesia  Possint For:	State Zip Code FX 75703-5819  Cupation esthesiologist gregate Year-to-Date ▼  250.00	Date of Receipt  03 02 2015  Transaction ID : C2940998  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)		218.34
TOTAL This Period (last page this line number only).		

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	,
Full Name (Last, First, Middle Initial)  James Evans M.D.  Mailing Address 2302 Kingsmill Cir		Date of Receipt
City	State Zip Code	03 02 2015 Transaction ID : C2941002
Tyler  FEC ID number of contributing federal political committee.	TX 75703-5819	Amount of Each Receipt this Period 50.00
Name of Employer  Trinity Clinic Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  James M. Fay M.D.  Mailing Address 3803 104th St		Date of Receipt
City Lubbock FEC ID number of contributing	State Zip Code TX 79423-5737	03 30 2015  Transaction ID : C2969240  Amount of Each Receipt this Period  500.00
federal political committee.  Name of Employer  NorthStar Anesthesia	Occupation Staff Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  William Feaster M.D.		Date of Receipt
Mailing Address 507 Ocean Avenue  City	State Zip Code	03 27 2015  Transaction ID : C2967563
Seal Beah  FEC ID number of contributing federal political committee.	CA 90740	Amount of Each Receipt this Period 83.34
Name of Employer  Childrens Hospital Orange County  Receipt For:  Primary  General	Occupation anesthesiologist  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.02	633.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 32 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Felix J. Fernandes M.B. Date of Receipt Mailing Address W5232 Knobloch Rd 03 30 2015 City Zip Code State Transaction ID: C2969597 WI La Crosse 54601-2461 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Gunderson Lutheran Medical Center Anes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard M. Flowerdew M.D. Date of Receipt Mailing Address 38 Hedgerow Dr 03 2015 11 City State Zip Code Transaction ID: C2945794 ME Falmouth 04105-1407 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Spectrum Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Flynn M.D. Date of Receipt Mailing Address 6808 Stone Mill Dr 03 12 2015 City Zip Code State Transaction ID: C2945912 TN Knoxville 37919-7496 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	3	33 OF	-	127
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	Statements may not be sold or used by any person ename and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Charles J. Fox M.D.  Mailing Address 1501 King Hwy		Date of Receipt
LSU Health		03 24 2015
City	State Zip Code	Transaction ID : C2961584
shreveport	LA 71130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Louisiana State University Health Scie	Professor and Chair	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  William A. Frame M.D.  Mailing Address 2300 N Edward St		Date of Receipt
Mailing Address 2300 N Edward St		03 11 _2015 _
City	State Zip Code	Transaction ID : C2945787
Decatur	IL 62526-4163	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Hoodpt this Foriod
federal political committee.	C	83.34
Name of Employer	Occupation	
Decatur Mem Hosp Anes Dept	Physician anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Douglas Friesen M.D.		Date of Receipt
Mailing Address 4013 N Ridge Rd Ste 100		03 25 _ 2015 _
City	State Zip Code	Transaction ID : C2985403
Wichita	KS 67205-8858	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Heartland Anesthesia Associates, PA	physician anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate four to Date ₹	
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)		250.02
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127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Wayne A. Fuller M.D. Date of Receipt Mailing Address 1269 E. Giles Rd. 2015 City Zip Code State Transaction ID: C2945754 Muskegon MI 49445 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lakeshore Anes. of Muskegon Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffery L. Fuqua M.D. Date of Receipt Mailing Address 12419 Mallard Bay Dr. 03 02 2015 City State Zip Code Transaction ID: C2941003 TN Knoxville 37922 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffery L. Fugua M.D. Date of Receipt Mailing Address 12419 Mallard Bay Dr. 03 28 2015 City Zip Code State Transaction ID: C2968793 TN Knoxville 37922 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 283.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using to	I Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  A. Richard A. Gallo M.D.		Date of Receipt
Mailing Address P.O. Box 8305		03 20 2015
City	State Zip Code	Transaction ID : C2956787
Gadsden	AL 35999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	+
ANESTHESIA ASSOC	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  Tom M. George M.D.		Date of Receipt
Mailing Address 8545 Old Oak Circle		03 31 2015
City	State Zip Code	Transaction ID : C2978290
Kalamazoo	MI 49009-4509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation	1
	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  2. Patrick Giam M.D.		Date of Receipt
Mailing Address 2411 Fountain View, Suite		03 10 2015
City	State Zip Code	Transaction ID : C2945339
Houston	TX 77057-4817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	1
US Anesthesia Partners	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General  Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional).		2583.34
TOTAL This Period (last page this line number	er only)	

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127 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark A. Giska M.D. Date of Receipt Mailing Address 2799 W. Grand Blvd 09 2015 City Zip Code State Transaction ID: C2945300 Detroit MI 48202 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Henry Ford Health System Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly J. Golden M.D. Date of Receipt Mailing Address 57 River Ridge Rd 03 31 2015 City State Zip Code Transaction ID: C2969630 AR Little Rock 72227-1525 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Arkansas for Medical Sci Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marilyn J. Goldstein M.D. Date of Receipt Mailing Address 412 Ridgepoint Court 03 28 2015 City Zip Code State Transaction ID: C2984493 TN Piney Flats 37686 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician- Anesthesiologist Bristol Anesthesia Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FEC ID number of contributing

federal political committee.

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Glenn S. Gollobin M.D. Date of Receipt Mailing Address 3459 Observatory Ave. 2015 26 City State Zip Code Transaction ID: C2965378 OH Cincinnati 45208 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician Anesthesia Associates of Cincinnati Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael C. Gosney M.D. Date of Receipt Mailing Address 108 Chase Dr 03 2015 07 City Zip Code State Transaction ID: C2944276 Muscle Shoals ΑL 35661 Amount of Each Receipt this Period

Name of Employer  Anesthesia Medical Consultants, LLC  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  C. Jeffrey Green M.D.  Mailing Address 410 N 12 St 5th FI Box PO  Anesthesiology Departmen  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer  Virginia Commonwealth University  Receipt For:  Primary  General  Other (specify)	t - MCV Ca State Zip Code VA 23298  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03 01 2015  Transaction ID: C2940183  Amount of Each Receipt this Period  500.00
	7	833 34

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83.34

FOR LINE NUMBER: PAGE 38 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Douglas W. Hagen M.D. Date of Receipt Mailing Address 9027 W 114th St 01 2015 City Zip Code State Transaction ID: C2940173 KS Overland Park 66210-1764 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** ANESTHESIA ASSOCIATES OF KANSAS CITY Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Shawn M. Hall D.O. Date of Receipt Mailing Address 900 Peeler St 03 31 2015 City State Zip Code Transaction ID: C2978291 MI Kalamazoo 49008-2300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Aaron Hammond D.O. Date of Receipt Mailing Address 3390 N. Campbell Ave., Ste. 110 03 05 2015 City State Zip Code Transaction ID: C2942043 ΑZ Tucson 85719 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Southern Arizona Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 39 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Russell D. Harris M.D. Date of Receipt Mailing Address 9 Versailles Court 2015 City Zip Code State Transaction ID: C2961418 AR Little Rock 72211 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Southern Regional Anesthesia Consultan physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald L. Harter M.D. Date of Receipt Mailing Address 7825 Holiston Ct 03 06 2015 City State Zip Code Transaction ID: C2944227 OH Dublin 43016-8659 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Ohio State University Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Kaley B Harvey A.A.-C Date of Receipt Mailing Address 650 Poinsettia Rd 03 16 2015 City State Zip Code Transaction ID: C2946241 FL Belleair 33756-1525 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Kaley Harvey Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven Hattamer M.D. Date of Receipt Mailing Address 8 Prospect St 01 2015 City Zip Code State Transaction ID: C2940157 NH 03060-3925 Nashua Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Nashua Anesthesia Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. H. A. Tillmann Hein M.D., Ph.D Date of Receipt Mailing Address 3300 Oak Lawn Ave Ste 200 03 27 2015 City State Zip Code Transaction ID: C2968766 Dallas TX 75219-4265 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Metropolitan Anesthesia Consultants Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. David L. Hepner M.D. Date of Receipt Mailing Address 75 Francis St # L1 03 23 2015 Department of Anesthesiology City Zip Code State Transaction ID: C2959539 MA **Boston** 02115 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Brigham and Womens Hosp - Harvard Med Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

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### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 41 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

127

ITEMIZED RECEIPTS 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Linda B. Hertzberg M.D. Date of Receipt Mailing Address 6622 N. Forkner Ave. 03 2015 City Zip Code State Transaction ID: C2945790 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Linda B Hertzberg MD Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Peter G. Hild M.D. Date of Receipt Mailing Address 3901 Rainbow Blvd. 2467 Bell Mem. Hosp. 03 24 2015 City State Zip Code Transaction ID: C2962059 KS Kansas City 66160-7415 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kansas university anesthesiology found Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. A. Blake Hillenbrand D.O. Date of Receipt Mailing Address 651 Maxwell Ave 03 25 2015 City Zip Code State Transaction ID: C2985410 CO Boulder 80304-3940 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **Boulder Valley Anesthesiology** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 42 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert Hilliard M.D. Date of Receipt Mailing Address 900 Peeler St Kalamazoo Anesthesiology, PC 03 2015 31 City Zip Code State Transaction ID: C2978292 Kalamazoo MI 49008-2300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas A. Hof M.D. Date of Receipt Mailing Address 1755 Kirby Pkwy Ste 330 03 13 2015 City State Zip Code Transaction ID: C2946059 TN Memphis 38120-4398 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical anesthesia group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Glen E. Holley M.D. Date of Receipt Mailing Address 2104 Peninsula Dr. 03 12 2015 City Zip Code State Transaction ID: C2946048 TX Flower Mound 75022 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation pinnacle anesthesia consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Larry A. Hopkins M.D. Date of Receipt Mailing Address 16353 Valhalla Drive 05 2015 City Zip Code State Transaction ID: C2945964 Noblesville IN 46060 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation AnesthesiaConsultants of Indianapolis Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Houseman M.D. Date of Receipt Mailing Address PO Box 1025 Eastern Shore Anesthesia 03 03 2015 City State Zip Code Transaction ID: C2941318 ΑL Fairhope 36533-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Eastern Shore Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan R. Hughes M.D. Date of Receipt Mailing Address 350 Blountville Hwy Ste 207 03 17 2015 City Zip Code State Transaction ID: C2947441 TN Bristol 37620-1671 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Anesthesiologist-Cardiothoracic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	44 OF	127
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Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert Impastato M.D. Date of Receipt Mailing Address 19 Barrett Hill Rd. 03 2015 29 City Zip Code State Transaction ID: C2968826 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Vassar Brothers Hospital Anes. Dept. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jill H. Irby M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 Dept of Anes 03 16 2015 City State Zip Code Transaction ID: C2946459 AR Little Rock 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **UAMS** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mitchell L. Jablons M.D. Date of Receipt Mailing Address 35 Timberline Way 2015 03 11 City Zip Code State Transaction ID: C2945906 NJ Watchung 07069-6428 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Summit Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 45 OF 127 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statemor for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologic	sts Political Action Committe	ee
Clive  FEC ID number of contributing federal political committee.  Name of Employer  Associated Anesthesiologists, P.C.  Ane		Date of Receipt  03 28 2015  Transaction ID: C2968810  Amount of Each Receipt this Period  500.00
Davie  FEC ID number of contributing federal political committee.  Name of Employer Cleveland Clinic Florida  Coccurrence Physical Committee of Coccurrence Physical Coccurrence Cleveland Clinic Florida	00020 . 0	Date of Receipt  03 11 2015  Transaction ID: C2945797  Amount of Each Receipt this Period  83.34
Bloomfield Hills  FEC ID number of contributing federal political committee.  Name of Employer  American Anesthesiology of Michigan  Ane	tate Zip Code flI 48304  supation sthesiologist gregate Year-to-Date ▼  250.02	Date of Receipt  03 11 2015  Transaction ID : C2945799  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		666.68

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e				
Full Name (Last, First, Middle Initial) Pankaj Jain M.B.,B.S.  Mailing Address 1214 Reserve Dr	Jain M.B.,B.S.					
Mailing Address 1214 Reserve Dr		03 03 2015				
City	State Zip Code	Transaction ID : C2941880				
Clinton	MS 39056	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation					
University of Mississippi medical cent	Anesthesiologist					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00					
Full Name (Last, First, Middle Initial)	300.00					
Camille J. Jeffcoat M.D.		Date of Receipt				
Mailing Address 510 Northlake Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	03 18 2015 Transaction ID : C2949509				
Ridgeland	MS 39157-1710	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Anesthesia Consultants, P.A.	Occupation ANESTHESIOLOGIST					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial) C. Cynthia L. Jenson M.D.		Date of Receipt				
Mailing Address 434 Main St		03 23 2015				
City Waterville	State Zip Code ME 04901	Transaction ID : C2959538  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer	Occupation	-				
Anesthesia Associates of Lewiston	Anesthesiologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	333.68					
SUBTOTAL of Receipts This Page (optional)		833.34				
TOTAL This Period (last page this line numbe	r only)					

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127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joshua R. Johnston M.D. Date of Receipt Mailing Address 835 S Van Buren St 02 2015 City Zip Code State Transaction ID: C2941293 WI Green Bay 54301-3526 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Green Bay Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gary P. Jones A.A. Date of Receipt Mailing Address 6410 Fannin St Ste 480 03 2015 11 City State Zip Code Transaction ID: C2945796 TX Houston 77030-3012 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Case Western Reserve University UTHous Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Zachary S. Jones M.D. Date of Receipt Mailing Address 6314 Eden Valley Dr 02 03 2015 City Zip Code State Transaction ID: C2941010 TX Frisco 75034-1129 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Metropolitan Aensthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 48 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Scott T. Kane M.D. Date of Receipt Mailing Address 4242 Medical Dr Ste 3100 Tejas Anesthesia, P.A. 2015 City Zip Code State Transaction ID: C2946211 78229-5642 San Antonio TX Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Tejas Anesthesia, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia A. Kapur M.D. Date of Receipt Mailing Address 757 Westwood Blvd, Suite 1320 03 02 2015 City State Zip Code Transaction ID: C2940989 CA 90095-7400 Los Angeles Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation David Geffen School of Medicine at UCL Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica Kenaston M.D. Date of Receipt Mailing Address 6 Alden Rd 03 18 2015 City Zip Code State Transaction ID: C2949745 NY Poughkeepsie 12603-4002 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 49 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Will D. Kendrick M.D. Date of Receipt Mailing Address 110 29th Ave. N., #301 01 2015 City Zip Code State Transaction ID: C2940160 TN Nashville 37203 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Medical Group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Kercheville M.D. Date of Receipt Mailing Address 14 Eton Green Circle 03 2015 11 City State Zip Code Transaction ID: C2945792 TX San Antonio 78257 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UTHSCSA** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James Kerr III, M.D. Date of Receipt Mailing Address 2165 Herschel St 03 15 2015 City State Zip Code Transaction ID: C2946216 FL Jacksonville 32204 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North Florida Anesthesia Consultants P Ianesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	<del></del>
Full Name (Last, First, Middle Initial) Zachary J. Kerwin D.O.  Mailing Address 10308 Paw Paw Lake Dr.  City Mattawan  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: Primary General	State Zip Code MI 49071-9462  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03 31 2015  Transaction ID : C2978293  Amount of Each Receipt this Period  500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  David S. Kessler D.O.  Mailing Address 7 Pine Dr. South  City	State Zip Code	Date of Receipt  03 20 2015  Transaction ID : C2956775
Roslyn  FEC ID number of contributing federal political committee.  Name of Employer  Nassau Anesthesia Asociates, PC Winthr  Receipt For:  Primary General  Other (specify) ▼	NY 11576  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Georgina O. Kesterson M.D.  Mailing Address 5169 Rowen Oak Rd.  City Collierville  FEC ID number of contributing federal political committee.  Name of Employer Medical anesthesia group Receipt For:  Primary General Other (specify)	State Zip Code TN 38017  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1041.67
TOTAL This Period (last page this line number	er only)	

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OF 127 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Georgina O. Kesterson M.D. Date of Receipt Mailing Address 5169 Rowen Oak Rd. 03 2015 City Zip Code State Transaction ID: C2968822 TN Collierville 38017 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Medical anesthesia group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Kidwell M.D. Date of Receipt Mailing Address 707 Ground Plum Circle 03 30 2015 City State Zip Code Transaction ID: C2969202 IΑ Solon 52333 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Linn County Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Sandra B. Kinsella M.D. Date of Receipt Mailing Address 6047 Brokenhurst Rd. 2015 03 03 City Zip Code State Transaction ID: C2941320 IN Indianapolis 46220 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation **IUMC** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER:					PAGE	: 5	52	OF		127
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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Renee H. Kniola M.D.		Date of Receipt
Mailing Address 620 Miller Rd		03 02 2015
City Gwinn	State Zip Code MI 49841-8767	Transaction ID : C2941300
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer  Bell Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	_
Full Name (Last, First, Middle Initial)  Robert F. Koebert M.D.  Mailing Address 541 E Erie St Unit 404		Date of Receipt
City	State Zip Code	03
Milwaukee	WI 53202-6237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Aurora Medical Group	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  C. Joseph Koveleskie M.D.		Date of Receipt
Mailing Address 5500 Prytania St #435		03 04 2015
City New Orleans	State Zip Code LA 70115-4237	Transaction ID : C2941906  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	+
Ochsner Medical Center	Physician Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (options	al)	416.68
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joseph Koveleskie M.D. Date of Receipt Mailing Address 5500 Prytania St #435 05 2015 City Zip Code State Transaction ID: C2942050 **New Orleans** LA 70115-4237 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Ochsner Medical Center Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. David M. Krhovsky M.D. Date of Receipt Mailing Address 2248 Shawnee Dr SE 03 06 2015 City State Zip Code Transaction ID: C2944229 **Grand Rapids** MI 49506-5335 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine M. Kuhn M.D. Date of Receipt Mailing Address 14 Kendall Drive 03 11 2015 City Zip Code State Transaction ID: C2945784 NC Chapel Hill 27517-5644 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **Duke University Department of Anesthes** Associate Professor of Anesthsiology R Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional).....

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#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 54 OF 127

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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John E. La Gorio M.D. Date of Receipt Mailing Address 1543 Forest Park Rd 01 2015 City State Zip Code Transaction ID: C2940178 Norton Shores MI 49441-4642 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lakeshore Anesthesia Services physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Lambourne M.D. Date of Receipt Mailing Address 121 S Saint Louis Blvd 03 18 2015 City State Zip Code Transaction ID: C2949184 South Bend IN 46617-2924 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St Joseph Valley Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven N. Landau M.D. Date of Receipt Mailing Address 2443 Dundee Dr 30 03 2015 City State Zip Code Transaction ID: C2969213 MI Ann Arbor 48103-6022 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor, PC Physican Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 55 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Phyllis J. Lashley M.D. Date of Receipt Mailing Address 525 S. Burdick St., #5000 2015 31 City Zip Code State Transaction ID: C2978294 Kalamazoo MI 49007 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura H. Leduc M.D. Date of Receipt Mailing Address 58 North St 03 13 2015 City State Zip Code Transaction ID: C2946056 NY Delmar 12054-1018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Anesthesia Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 03 28 2015 City Zip Code State Transaction ID: C2968789 Roanoke VA 24018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 56 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Marc L. Leib M.D. Date of Receipt Mailing Address PO Box 44527 01 2015 City Zip Code State Transaction ID: C2940149 Phoenix ΑZ 85064-4527 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation self-employed Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Michael C. Lewis M.D. Date of Receipt Mailing Address 655 W 8th St Professor Chair Anesthesiology 03 01 2015 City State Zip Code Transaction ID: C2940166 FL Jacksonville 32209-6511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Florida Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Kristen L. Lienhart M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 2015 03 12 City State Zip Code Transaction ID: C2945975 AR Little Rock 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University of Arkansas for Medical Sci Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 57 OF 127

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Po	olitical Action Committe	e
Full Name (Last, First, Middle Initial)  Gregg P. Lobel M.D.  Mailing Address 22 Donnybrook Dr  City  Demarest  FEC ID number of contributing federal political committee.	State NJ	Zip Code 07627	Date of Receipt  03 26 2015  Transaction ID : C2969258  Amount of Each Receipt this Period
Name of Employer  Northern Valley Anesthesiology  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiolo		
Full Name (Last, First, Middle Initial)  Michael A. Long M.D.  Mailing Address 3941 Foxfire Ln	011	7. 0.1	Date of Receipt  03 30 2015
City Kingsport  FEC ID number of contributing federal political committee.  Name of Employer Bristol Anesthesia Services  Receipt For: Primary General	State TN  C  Occupation Anesthesiolo Aggregate		Transaction ID : C2969211  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Rick S. Lozon M.D.  Mailing Address 6080 Rothbury  City  Portage	State MI	Zip Code 49024-8411	Date of Receipt  03 31 2015  Transaction ID : C2978295  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Kalamazoo Anesthesiology,P.C.  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiole Aggregate	ogist Year-to-Date ▼ 500.00	500.00
SUBTOTAL of Receipts This Page (optional)		·····	833.34
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	Statements may not be sold or used by any pers he name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	<del></del>		
Full Name (Last, First, Middle Initial)  Thomas Majcher D.O.				
Mailing Address 13123 E 16th Ave B090		03 02 2015		
City Aurora	State Zip Code CO 80045-7106	Transaction ID : C2940994  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer  Children Hospital Colorado  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	-		
Full Name (Last, First, Middle Initial)  Michael J. Manalo M.D.  Mailing Address 6560 High Dr		Date of Receipt		
City Mission Hills	03 31 2015  Transaction ID : C2970425  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	KS 66208-1936	500.00		
Name of Employer Midwest Anesthesia Associates, PA	Occupation anesthesiologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00			
Full Name (Last, First, Middle Initial)  Mark Mandabach M.D.		Date of Receipt		
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845		03 01 2015		
City Birmingham	State Zip Code AL 35249-0001	Transaction ID : C2940169  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.34		
Name of Employer	Occupation	-		
UAB Department of Anesthesiolog  Receipt For:  □ Primary □ General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  250.02	_		
SUBTOTAL of Receipts This Page (optional).		1083.34		
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		Statements may not be sold or used by any perse e name and address of any political committee to					
	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee					
Α.	Full Name (Last, First, Middle Initial) Inna Maranets M.D.		Date of Receipt				
	Mailing Address 4 Timber Ln.		03 29 2015				
	City Woodbridge	State Zip Code CT 06525-1815	Transaction ID : C2968838  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer  Woodland Anesthesia Associates, PC  Receipt For:  Primary  General	Occupation Anesthesiologist  Aggregate Year-to-Date ▼					
	Other (specify) ▼	250.00					
В.	Full Name (Last, First, Middle Initial) Kurt W. Markgraf M.D.		Date of Receipt				
	Mailing Address 3663 McKinley Ave		03 08 7 2015				
	City Fort Myers	State Zip Code FL 33901	Transaction ID : C2944306  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	83.34				
	Name of Employer Medical Anesthesia and Pain Management	Occupation Physician Anesthesiologist					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02					
<u> </u>	Full Name (Last, First, Middle Initial) Donald M. Mathews M.D.		Date of Receipt				
	Mailing Address 40 College St., #501		03 25 2015				
	City Burlington	State Zip Code VT 05401	Transaction ID : C2985400  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	83.34				
	Name of Employer	Occupation					
	University of Vermont	Anesthesiologist					
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
	Other (specify) ▼	333.36					
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127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Fredric J. Matlin M.D. Date of Receipt Mailing Address 23 Lodge Ln 2015 City Zip Code State Transaction ID: C2945984 NY Miller Place 11764-1913 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Long Island Anesthesia Physicians, LLP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Eric M. May M.D. Date of Receipt Mailing Address 20810 W 81st Pl 03 25 2015 City State Zip Code Transaction ID: C2985402 KS Lenexa 66220-8227 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Saint Lukes Hospital of Kansas City anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Arturo Mazzeo Jr., M.D. Date of Receipt Mailing Address 1967 Hancock Ave 03 18 2015 City Zip Code State Transaction ID: C2949474 NY North Bellmore 11710-1514 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Nassau Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

OF

127

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Bradley J. McAllister M.D. Date of Receipt Mailing Address 6608 Old Mill Cir. 20 2015 City Zip Code State Transaction ID: C2956156 UT Salt Lake City 84121 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Mountain West Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Philip J. McArdle M.B., B.Ch. Date of Receipt Mailing Address 3746 Dunbarton Dr 03 22 2015 City State Zip Code Transaction ID: C2959259 Mountain Brook AL 35223-2706 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAB Anesthesiology** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew M. McCord M.D. Date of Receipt Mailing Address 5400 Timber Bend Dr. 03 24 2015 City Zip Code State Transaction ID: C2961438 MI **Brighton** 48116 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician Anesthesiologist St. Joseph Mercy Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 466.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 62 OF 127

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any p the name and address of any political committed	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committ	ee
Full Name (Last, First, Middle Initial)  Joel E. McCreary D.O.  Mailing Address 4595 E Calle Redonda  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  Valley Anesthesiology Consultants  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85018-3817  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  03 13 2015  Transaction ID: C2946026  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Angela L. McLoughlin M.D.  Mailing Address 33925 Oakland St  City  Farmington  FEC ID number of contributing federal political committee.  Name of Employer University of Michigan Hosptials  Receipt For:  Primary General Other (specify)	State Zip Code MI 48335-3545  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 06 2015  Transaction ID: C2945967  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Cristin A. McMurray M.D.  Mailing Address 591 Franklin St Apt 2  City Cambridge  FEC ID number of contributing federal political committee.  Name of Employer Blue Hill Pain Care, PLLC  Receipt For: Primary General Other (specify)	State Zip Code MA 02139-2923  C Occupation Pain Medicine  Aggregate Year-to-Date ▼ 250.00	Date of Receipt  03 23 2015  Transaction ID : C2961409  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 63 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard R. McNeer M.D. Date of Receipt Mailing Address 18340 SW 122 St. 2015 03 City Zip Code State Transaction ID: C2959529 FL Miami 33196 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Miami Dept of Anesthesio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. John P. McPheters M.D. Date of Receipt Mailing Address 538 Jennison 03 31 2015 City State Zip Code Transaction ID: C2978296 MI Kalamazoo 49006 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Loyola Univ Anes Dept Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. James R. Mesrobian M.D. Date of Receipt Mailing Address 827 E Birch Ave 03 04 2015 City Zip Code State Transaction ID: C2941894 WI Whitefish Bay 53217-5360 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 64 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Brigitte M. Messenger M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 2015 City Zip Code State Transaction ID: C2945785 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Mitchell M.D. Date of Receipt Mailing Address 3710 SW US Veterans Hospital Rd 03 2015 11 City State Zip Code Transaction ID: C2945793 Portland OR 97239-2964 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Portland VA Medical Center P3- ANES Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Richard C. Month M.D. Date of Receipt Mailing Address 2001 Hamilton St Apt 2307 03 10 2015 City Zip Code State Transaction ID: C2945341 PΑ Philadelphia 19130 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University of Pennsylvania Dept. of An Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:			PAGE	. 6	35	OF	•	127		
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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Barry Moody M.D. Date of Receipt Mailing Address 216 Marengo St., Suite F 2015 City State Zip Code Transaction ID: C2945916 Florence AL 35630 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Barry J. Moody, DMD, MD, PC physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Caroline Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 03 2015 11 City State Zip Code Transaction ID: C2945808 TN Germantown 38138 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Medical Anesthesia Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jason E. Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 2015 03 11 City Zip Code State Transaction ID: C2945809 TN Germantown 38138-5723 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Medical Anesthesia Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

283.34

SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 66 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John P. Mrachek M.D. Date of Receipt Mailing Address 4520 W. Woodlland Rd. 03 2015 25 City Zip Code State Transaction ID: C2985411 MN Edina 55424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Northwest Anesthesia, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joel H. Mumford M.D. Date of Receipt Mailing Address 221 Elm Hill St 03 2015 11 City State Zip Code Transaction ID: C2945801 VT Springfield 05156-2424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation V A Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Maureen T. Murphy M.D. Date of Receipt Mailing Address 14 Herrels Cir 20 03 2015 City Zip Code State Transaction ID: C2956777 NY Melville 11747-4247 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 67 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert F. Murray III, M.D. Date of Receipt Mailing Address 19 Elm Park Blvd. 03 2015 City Zip Code State Transaction ID: C2946039 Pleasant Ridge MI 48069-1106 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation William Beaumont Hospital Physcican Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Donald L. Neirink M.D. Date of Receipt Mailing Address 7018 Oakhurst Ridge Rd 03 25 2015 City State Zip Code Transaction ID: C2985413 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation South Oakland Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Luu Nguyen M.D. Date of Receipt Mailing Address 9024 Fort Craig Dr 03 16 2015 City Zip Code State Transaction ID: C2946227 Burke VA 22015-2115 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation George Washington University Anes. Dep Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:			: PAGE	E 68 OF	127		
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NAME OF COMMITTEE (In Full)

American Society of Anesthes	siologists Political Action Committee	·
Full Name (Last, First, Middle Initial)  A. Michael S. Nichols A.AC		Date of Receipt
Mailing Address 2580 Hillandale Cir		03
City Cumming	State Zip Code GA 30041	Transaction ID : C2942048
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  83.34
Name of Employer	Occupation	
Physician Specialists in Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist Assistant  Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  Robert M. Nicholson IV, M.D.  Mailing Address 311 Grandview Ave		Date of Receipt  03 31 2015
City	State Zip Code	Transaction ID : C2978297
Kalamazoo  FEC ID number of contributing federal political committee.	MI 49001-3643	Amount of Each Receipt this Period 500.00
Name of Employer University of Virginia Health System	Occupation Resident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Melissa O Nikolaidis M.D.		Date of Receipt
Mailing Address 2230 McClendon St		03 09 2015
City Houston	State Zip Code TX 77030-2020	Transaction ID : C2944402  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Baylor College of Medicine	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional).		666.68
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 69 OF 127 Use separate schedu for each category of Detailed Summary Pa

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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  William C. Nordlie M.D.  Mailing Address, 12067 N 135th Way		Date of Receipt
Mailing Address 12067 N 135th Way		03 18 2015
City	State Zip Code	Transaction ID : C2950499
Scottsdale	AZ 85259-3653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Valley Anes. Consultants, Ltd.	Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  3. Joseph M. Nounou M.D.		Date of Receipt
Mailing Address 668 Lakeside Dock Dr	03 11 2015	
City Kingsport	State Zip Code TN 37663-4109	Transaction ID : C2945777  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 57363 4163	83.34
Name of Employer Bristol Anesthesia Services	Occupation  Anesthesiologist	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial)  C. Joseph M. Nounou M.D.	<u>'</u>	Date of Receipt
Mailing Address 668 Lakeside Dock Dr		03 19 2015
City Kingsport	State Zip Code TN 37663-4109	Transaction ID : C2950864  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Bristol Anesthesia Services	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.04	
SUBTOTAL of Receipts This Page (optional).		1166.68
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FOR LINE NUMBER: PAGE 70 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Douglas A. Olin M.D. Date of Receipt Mailing Address 5270 Vista Club Run 03 2015 City State Zip Code Transaction ID: C2941316 FL Sanford 32771-7153 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **USAP-JLR Division** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Elmon Oliver Jr., M.D. Date of Receipt Mailing Address 5200 Swallow Ave. 03 31 2015 City State Zip Code Transaction ID: C2978298 MI Portage 49002 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth E. Oswalt M.D. Date of Receipt Mailing Address 2500 N State St 80 03 2015 City Zip Code State Transaction ID: C2944304 MS Jackson 39216 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Univ. Anesthesia Services, PLLC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12			
		13		14		15		16			1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sam L. Page M.D. Date of Receipt Mailing Address 17 Windsor Terrace Ln 2015 City Zip Code State Transaction ID: C2945340 MO Creve Coeur 63141-9000 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Western anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Juhan Paiste M.D. Date of Receipt Mailing Address JT 845 619 19th St S 03 01 2015 City State Zip Code Transaction ID: C2940152 ΑL Birmingham 35249-6810 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation UAB, Department of Anesthesiology Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James M. Panagas M.D. Date of Receipt Mailing Address 15W 240 87th St 2015 03 15 Zip Code City State Transaction ID: C2946204 IL Burr Ridge 60527 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00

SUBTOTAL of Receipts This Page (optional)		- 5		7	11	66.	68	
TOTAL This Period (last page this line number only)		7		7	_	_		

1000.00

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

federal political committee.

Name of Employer

Primary

Receipt For:

Ministry Medical Group

Other (specify)

General

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 72 OF 127

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Parag Pandya M.D.  Mailing Address 210 Royal Vw  City Pittsford  FEC ID number of contributing federal political committee.  Name of Employer Geneva General Hospital Anesthesiology Receipt For:  Primary General Other (specify)	State Zip Code NY 14534-9633  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.04	Date of Receipt  03 04 2015  Transaction ID : C2941901  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Parag Pandya M.D.  Mailing Address 210 Royal Vw  City Pittsford  FEC ID number of contributing federal political committee.  Name of Employer Geneva General Hospital Anesthesiology  Receipt For:  Primary General Other (specify)	State Zip Code NY 14534-9633  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.04	Date of Receipt  03 22 2015  Transaction ID: C2959254  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  John L. Pappas M.D.  Mailing Address 294 Barden Rd  City  Bloomfield Hills  FEC ID number of contributing federal political committee.  Name of Employer  William Beaumont Hospital Troy  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48304-2711  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03 16 2015  Transaction ID : C2946238  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		250.02
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 73 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Haresh D. Patel M.D. Date of Receipt Mailing Address 1120 Enclave Rd 03 30 2015 City Zip Code State Transaction ID: C2969205 TN Chattanooga 37415-5650 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesiology Consultants Exchange Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mukesh Patel M.D. Date of Receipt Mailing Address 2727 W. Dr. M.L.K., Jr., Blvd. Suite 310 03 30 2015 City State Zip Code Transaction ID: C2969231 FL Tampa 33607 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Millennium Anes. Care, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth Y. Pauker M.D. Date of Receipt Mailing Address 18 Sierra Vista 03 13 2015 Zip Code State Transaction ID: C2946041 CA Laguna Niguel 92677-7952 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation caamg, inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 74 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Feyce M. Peralta M.D. Date of Receipt Mailing Address 251 E Huron St # F5-704 2015 City State Zip Code Transaction ID: C2946043 Chicago IL 60611-2908 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Northwestern University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremie J. Perry M.D. Date of Receipt Mailing Address 2410 Whispering Oaks Ct. 03 16 2015 City State Zip Code Transaction ID: C2946234 TX Abilene 79606-4366 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Hendrick Anesthesia Network Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy M. Perryman M.D. Date of Receipt Mailing Address 11412 Canterbury Cir. 03 11 2015 Zip Code State Transaction ID: C2945789 KS Shawnee Mission 66211-2935 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Associates of KC pediatric anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 75 OF 127

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	96
Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D.  Mailing Address 278 Round Swamp Rd  City Melville  FEC ID number of contributing federal political committee.	State Zip Code NY 11747-1903	Date of Receipt    M
Name of Employer  NORTH AMERICAN PARTNERS ANESTHESIA  Receipt For:  Primary  General  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  Mark C. Phillips M.D.  Mailing Address 619 19th St S  University of Alabama- Birming  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer University of Alabama- Birmingham  Receipt For:  Primary  General  Other (specify)	gham State Zip Code AL 35249  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Margaret A. Pitts M.D.  Mailing Address 1 pillsbury street  Suite 202  City  Concord  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Associates PA  Receipt For:  Primary General Other (specify)	State Zip Code NH 03301  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 05 2015  Transaction ID : C2942052  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		250.02
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 76 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Dean Polce D.O. Date of Receipt Mailing Address 3092 Red Arrow Dr 2015 26 City Zip Code State Transaction ID: C2985420 NV Las Vegas 89135 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roma C. Polce M.D. Date of Receipt Mailing Address 3092 Red Arrow Dr. 03 15 2015 City State Zip Code Transaction ID: C2946213 NV Las Vegas 89135-1303 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation VAMC Southern Nevada Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Karl A. Poterack M.D. Date of Receipt Mailing Address 5777 E Mayo Blvd 30 03 2015 City State Zip Code Transaction ID: C2969224 ΑZ Phoenix 85054-4502 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Mayo Foundation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 77 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) George M. Powell M.D. Date of Receipt Mailing Address PO Box 189 2015 City Zip Code State Transaction ID: C2946193 Saint Charles IL 60174-0189 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Kane Anethesia Associates, SC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Johnathan L. Pregler M.D. Date of Receipt Mailing Address 10556 Dunleer Dr 03 04 2015 City State Zip Code Transaction ID: C2941897 CA Los Angeles 90064-4318 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation UCLA Department of Anesthesiology and Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Ned Radich M.D. Date of Receipt Mailing Address 1930 E. Calle Verde Way 03 04 2015 City Zip Code State Transaction ID: C2941958 CA Fresno 93730 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants of Fresno Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Patrick R. Reddan M.D. Date of Receipt Mailing Address 8499 Sierra Madre Trl 03 2015 31 City Zip Code State Transaction ID: C2978299 Kalamazoo MI 49009-6946 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert E. Rensch M.D. Date of Receipt Mailing Address 8151 Glenwynd Dr. 03 31 2015 City State Zip Code Transaction ID: C2978300 MI Kalamazoo 49009 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, P.C. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David S. Reynolds M.D. Date of Receipt Mailing Address 1014 S King Rd 03 20 2015 City Zip Code State Transaction ID: C2956784 MS Purvis 39475-3208 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Head & amp; Neck Surgery Ctr Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 79 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joseph M. Rifici A.A.-C Date of Receipt Mailing Address Lakeside ANES 2532 LKS5007 11100 Euclid Ave. 2015 03 City Zip Code State Transaction ID: C2945795 OH Cleveland 44106-1716 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Univ Hosp of Cleveland Case Med Ctr Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin W. Roberts M.D. Date of Receipt Mailing Address 240 Walnut Ln. 03 18 2015 City State Zip Code Transaction ID: C2949180 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael W. Roberts II, M.D. Date of Receipt Mailing Address 430 W Symmes St 03 17 2015 City Zip Code State Transaction ID: C2947443 OK Norman 73069 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Northwest Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Scott T. Roethle M.D. Date of Receipt Mailing Address 5005 W 131 Terr 2015 City State Zip Code Transaction ID: C2945816 KS Leawood 66209 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation AAKC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Anne T. Rogers M.B., Ch.B. Date of Receipt Mailing Address 6005 River Rd 03 05 2015 City State Zip Code Transaction ID: C2942045 VA Norfolk 23505-4708 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Atlantic Anesthesia Inc Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anne T. Rogers M.B., Ch.B. Date of Receipt Mailing Address 6005 River Rd 2015 03 06 City Zip Code State Transaction ID: C2945970 Norfolk VA 23505-4708 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Atlantic Anesthesia Inc Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General

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Other (specify)

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Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold or used by any persthe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Anne T. Rogers M.B.,Ch.B.  Mailing Address 6005 River Rd  City Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Atlantic Anesthesia Inc  Receipt For:  Primary General Other (specify)	State Zip Code VA 23505-4708  C  Occupation Anesthesiologists  Aggregate Year-to-Date ▼  430.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Lynn M. Rogers M.D.  Mailing Address 11104 Kuertzmill Dr.  City Cincinnati  FEC ID number of contributing federal political committee.	State Zip Code OH 45249	Date of Receipt  03 16 2015  Transaction ID : C2946243  Amount of Each Receipt this Period  250.00
Name of Employer Seven Hills Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  James F. Rosenbaum M.D.  Mailing Address 9140 El Dorado Ave  City Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Kalamazoo Anesthesiology, P.C.  Receipt For:  Primary General Other (specify)	State Zip Code MI 49009  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 31 2015  Transaction ID: C2978301  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	780.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 82 OF Use separate schedule(s) (check only one) X 11a 11b 11c

127

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Stephen M. Rupp M.D. Date of Receipt Mailing Address 1100 9th Ave # B2-AN Department of Anesthesiology 03 03 2015 City Zip Code State Transaction ID: C2941728 WA Seattle 98101-2756 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Virginia Mason Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick J. Sandell M.D. Date of Receipt Mailing Address 15849 Kane Rd 03 31 2015 City State Zip Code Transaction ID: C2978302 MI 49080-9050 Plainwell Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation KALAMAZOO ANESTH **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mandy M. Sander-Prather M.D. Date of Receipt Mailing Address 8717 W 110th St Ste 600 2015 03 01 City Zip Code State Transaction ID: C2940180 KS Overland Park 66210-2126 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Assoc. of Kansas City Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 83 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gabriel E. Sarah M.D. Date of Receipt Mailing Address 4075 17th St 2015 City Zip Code State Transaction ID: C2949173 CA San Francisco 94114-1902 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Jackson Memorial Hospital Unviersity o Pediatric Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mahesh P. Sardesai M.D. Date of Receipt Mailing Address 1304 Fairstead Lane 03 14 2015 City State Zip Code Transaction ID: C2946175 Pittsburgh PA 15217 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UPMC Shadyside** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Carl D. Schmigelski M.D. Date of Receipt Mailing Address 17 Cabriolet Ln 03 20 2015 City Zip Code State Transaction ID: C2956779 NY Melville 11747-1920 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Nassau Anesthesia Assoc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 84 OF Use separate schedule(s) (check only one) X 11a 11b 11c

127

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Paula A. Schriemer M.D. Date of Receipt Mailing Address 14105 Waterview 2015 31 City Zip Code State Transaction ID: C2978304 Vicksburg MI 49097 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation KALAMAZOO ANESTH **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory D. Schrock M.D. Date of Receipt Mailing Address 7956 Bent Tree Rd. 03 31 2015 City State Zip Code Transaction ID: C2978305 MI Kalamazoo 49009 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leslie Shrem M.D. Date of Receipt Mailing Address 197 Ridgedale Ave 03 26 2015 Suite 100 City State Zip Code Transaction ID: C2969251 NJ Cedar Knolls 07927 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northern Anesthesia Surgical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 85 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Karen S. Sibert M.D. Date of Receipt Mailing Address 4146 Sunnyslope Ave. 05 2015 City Zip Code State Transaction ID: C2942056 CA Sherman Oaks 91423 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Karen S. Sibert MD Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Karen S. Sibert M.D. Date of Receipt Mailing Address 4146 Sunnyslope Ave. 03 22 2015 City State Zip Code Transaction ID: C2959258 CA Sherman Oaks 91423 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Karen S. Sibert MD Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) c. John A. Sikora M.D. Date of Receipt Mailing Address 900 Peeler St 03 31 2015 Kalamazoo Anesthesiology, PC City Zip Code State Transaction ID: C2978306 MI Kalamazoo 49008-2300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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86 OF 127 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Vicki L. Silk M.D. Date of Receipt Mailing Address 2130 Harrison St 03 20 2015 City State Zip Code Transaction ID: C2955572 Glenview IL 60025-4955 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Northshore University Healthsystem Ane Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana L. Simon M.D. Date of Receipt Mailing Address 2320 Ashworth Rd. 03 22 2015 City State Zip Code Transaction ID: C2959280 IΑ West Des Moines 50265 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical Center Anesthesiologists, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael B. Simon M.D. Date of Receipt Mailing Address 35 Gellatly Dr 03 09 2015 City Zip Code State Transaction ID: C2944405 NY Wappingers Falls 12590 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **PHYSICIAN** NAPA Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael B. Simon M.D. Date of Receipt Mailing Address 35 Gellatly Dr 2015 City State Zip Code Transaction ID: C2945342 NY Wappingers Falls 12590 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan H. Slonin M.D., M.B. Date of Receipt Mailing Address 134 SE Via Verona 03 04 2015 City State Zip Code Transaction ID: C2941896 Port Saint Lucie FL 34984 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation TeamHealth Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Robert H. Small M.D. Date of Receipt Mailing Address 410 W 10th Ave 2015 03 11 Dept of Anes - N411 Doan Hall City Zip Code State Transaction ID: C2945783 OH Columbus 43210 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Professor The Ohio State University Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 88 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Blair Smith M.D. Date of Receipt Mailing Address 1046 Lake Colony Ln 01 2015 City State Zip Code Transaction ID: C2940153 Vestavia AL 35242 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Alabama Health Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Trevor K. Smith M.D. Date of Receipt Mailing Address 12 Belfrev Dr. 03 12 2015 City State Zip Code Transaction ID: C2946049 SC Greer 29650 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kortnee L. Sorbin M.D. Date of Receipt Mailing Address 10718 W 163rd Ter 03 29 2015 City State Zip Code Transaction ID: C2968812 KS Overland Park 66062-4580 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation AAKC-Menorah Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Michael J. Souter M.B.,Ch.B.  Mailing Address 325 9th Ave, Box 359724		Date of Receipt
Box 359724		03 11 2015
City	State Zip Code	Transaction ID : C2945798
Seattle	WA 98104-2499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Harborview Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  Nancy E Staats M.D.	•	Date of Receipt
Mailing Address 47 Orchard Ln	7.0.1	03 31 2015
City	State Zip Code	Transaction ID : C2978268
Colts Neck	NJ 07722-1569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Staats Anesthesia, P.A.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  2. James Stangl M.D.	1	Date of Receipt
Mailing Address 314 Martin Luther King Jr W		03 11 2015
City	State Zip Code	Transaction ID : C2945806
Tacoma	WA 98405-4292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Tacoma Anesthesia Associates, P.S.	Physician Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Society of Anesthe	siologists Political Action Committee	е
Full Name (Last, First, Middle Initial)  Richard A. Stark M.D.		Date of Receipt
Mailing Address 915 E Eagle Lake Dr		03 31 2015
City	State Zip Code	Transaction ID : C2978307
Kalamazoo	MI 49009-8426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Kalamazoo Anesthesiology, PC	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Erica Stein M.D.		Date of Receipt
Mailing Address 410 W 10th Ave., Anes. De N411 Doan Hall	ppt.	03 13 _ 2015 _
City	State Zip Code	Transaction ID : C2946045
Columbus	OH 43210-1240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer ohio state university	Occupation	-
Receipt For:	physician	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  C. John H. Stephenson M.D.		Date of Receipt
Mailing Address 5671 Peachtree Dunwood	/ Road	03 04 2015
City	State Zip Code	Transaction ID : C2941895
Atlanta	GA 30342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Physician Specialists in Anesthesia, P	Physician Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)		666.68
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Marjorie Stiegler M.D.  Mailing Address 10817 Round Brook Cir  City Raleigh	State Zip Code NC 27617-7759	Date of Receipt  03 13 2015  Transaction ID : C2946018  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  University of NC  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	83.34
Full Name (Last, First, Middle Initial)  Kenneth R. Stone M.D.  Mailing Address 317 Laurelwood Rd  City	State Zip Code	Date of Receipt  03 01 2015  Transaction ID : C2940156
Orange  FEC ID number of contributing federal political committee.  Name of Employer Bridgeport Anesthesia Associates  Receipt For:  Primary  General	CT 06477-1654  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  83.34
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Major James E. Stormo M.D.	250.02	Date of Receipt
Mailing Address 8424 Mayport Dr  City Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer  Centennial Hills Hospital  Receipt For:  Primary General Other (specify) ▼	State Zip Code NV 89131-6701  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	03 02 2015  Transaction ID : C2941011  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.02
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NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  Erin A Sullivan M.D.  Mailing Address Part of Area Plut C 2014		Date of Receipt
Mailing Address Dept of Anes PUH C-224 200 Lothrop St.		03 09 2015
City	State Zip Code	03 09 2015 Transaction ID : C2944411
Pittsburgh	PA 15213-2536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Univ of Pittsburgh Med Ctr	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  3. George Sullivan D.O.		Date of Receipt
Mailing Address 2321 Butler Bay Dr. N.	0	03 04 2015
City Windermere	State Zip Code FL 34786-6109	Transaction ID : C2941892
Windermere	FL 34786-6109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
JLR Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Esther Sung M.D.		Date of Receipt
Mailing Address 3710 SW US Veterans Hospita P3 ANES		03 07 7 2015
City Portland	State Zip Code OR 97239-2964	Transaction ID : C2944278  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Portland VAMC Operative Care	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)		250.02
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 93 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Benjamin J. Sutlive M.D. Date of Receipt Mailing Address 8 Montevallo Terrace 03 2015 City State Zip Code Transaction ID: C2968801 Birmingham AL 35213 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Anesthesia Resources Management Inc. Staff Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rachelle Sutton M.D. Date of Receipt Mailing Address 1100 E 26th St. 03 29 2015 City State Zip Code Transaction ID: C2968819 SD Sioux Falls 57108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiology Associates, Inc. physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven L. Sween M.D. Date of Receipt Mailing Address 240 Marchand Ct NW 2015 03 01 City State Zip Code Transaction ID: C2940167 GA Atlanta 30328-2055 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician Anesthesiologist Physician Specialists in Anesthesia PC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 633.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 94 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven L. Sween M.D. Date of Receipt Mailing Address 240 Marchand Ct NW 03 2015 26 City Zip Code State Transaction ID: C2985425 GA Atlanta 30328-2055 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia PC Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Lance A. Talmage Jr., M.D. Date of Receipt Mailing Address 3644 Forest Oaks Dr 03 03 2015 City State Zip Code Transaction ID: C2945963 OH Fairlawn 44333-9236 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiology Associates of Akron, In Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samuel E. Talsma M.D. Date of Receipt Mailing Address 2110 Dorset Rd 03 28 2015 City Zip Code State Transaction ID: C2968791 MI Ann Arbor 48104 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation anesthesia assoc of ann arbor physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 95 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Travis J. Teetor M.D. Date of Receipt Mailing Address 19309 Briggs St 01 2015 City Zip Code State Transaction ID: C2940174 ΝE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Staff Anesthesiologist Boys Town National Research Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sherif H. Tewfik M.D. Date of Receipt Mailing Address 7365 NW 107th St 03 14 2015 City State Zip Code Transaction ID: C2946184 IΑ Grimes 50111-1078 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Associated Anesthesiologists, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Gary J. Theisen M.D. Date of Receipt Mailing Address 3818 E Gull Lake Dr. 2015 03 31 City State Zip Code Transaction ID: C2978308 MI **Hickory Corners** 49060-9503 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** KALAMAZOO ANESTH Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 96 OF (check only one) X 11a 11b 12 11c

127 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sydney I. Thomson M.D. Date of Receipt Mailing Address 6224 Hidden Meadow Ct 2015 City Zip Code State Transaction ID: C2945817 CA San Jose 95135-1613 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Coast Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Ann A. Traylor M.D. Date of Receipt Mailing Address 5303 James Ct 03 05 2015 City State Zip Code Transaction ID: C2943942 IN Carmel 46033-9158 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Indiana University Health Methodist Ho Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher A. Troianos M.D. Date of Receipt Mailing Address 427 Heights Dr 03 01 2015 City State Zip Code Transaction ID: C2940151 PΑ Gibsonia 15044-6032 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Allegheny Health Network Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 97 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gary L. Trummel M.D. Date of Receipt Mailing Address 5940 Mount Normandale Dr 2015 03 City Zip Code State Transaction ID: C2941311 MN Minneapolis 55438-1218 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Northwest Anesthesia, PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Judi A. Turner M.D., Ph.D Date of Receipt Mailing Address 1002 Franklin Street 03 12 2015 City State Zip Code Transaction ID: C2945909 CA Santa Monica 90403 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UCLA** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Katja R. Turner M.D. Date of Receipt Mailing Address 410 West 10th Ave 03 13 2015 City Zip Code State Transaction ID: C2946040 OH Columbus 43210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation The Ohio State University professor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 98 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David E. Tyler M.D. Date of Receipt Mailing Address 2719 Trevor Drive SE 2015 City State Zip Code Transaction ID: C2945323 Huntsville AL 35802-1251 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Comprehensive Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gary F. Tzeng M.D. Date of Receipt Mailing Address 582 S Rex Blvd 03 12 2015 City State Zip Code Transaction ID: C2945976 IL **Elmhurst** 60126-4259 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Dept. of Veteran's Affairs physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Mark J. Uggeri M.D. Date of Receipt Mailing Address 8727 2nd Street 03 31 2015 City Zip Code State Transaction ID: C2978309 MI Mattawan 49071 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 99 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David Varlotta D.O. Date of Receipt Mailing Address 1303 Bayshore Blvd. 03 02 2015 City State Zip Code Transaction ID: C2941008 FL Tampa 33606-2911 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Greater Florida Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. David H. Vickers M.D. Date of Receipt Mailing Address 216 Cheekwood Ct 03 06 2015 City State Zip Code Transaction ID: C2945966 TN Franklin 37069-6524 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Nashville Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) J. Michael Vollers M.D. Date of Receipt Mailing Address 1 Childrens Way 10 03 2015 Slot 203, S-319 City State Zip Code Transaction ID: C2945336 AR Little Rock 72202-3510 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Professor of Anesthesiology University of Arkansas for Medical Sci Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 100 OF 127 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark A. Wahl M.D. Date of Receipt Mailing Address 9188 Stratford Woods Trl 03 2015 31 City Zip Code State Transaction ID: C2978310 Kalamazoo MI 49009-4410 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Samuel H. Wald M.D. Date of Receipt Mailing Address 518 Torwood Lane 03 2015 11 City State Zip Code Transaction ID: C2945803 CA Los Altos 94022 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Stanford University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Ebon J. Wallace-Talifarro M.D. Date of Receipt Mailing Address 7313 Stoney Creek Dr 03 31 2015 City State Zip Code Transaction ID: C2978311 MI Augusta 49012-8873 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Central Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 101 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Samuel M. Warren M.D. Date of Receipt Mailing Address 1309 Preakness Pt 03 2015 City State Zip Code Transaction ID: C2959268 FL Tallahassee 32308-0836 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiology Associates of Tallahass Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Paul S. Webster M.D. Date of Receipt Mailing Address 825 E Oak St 03 12 2015 City State Zip Code Transaction ID: C2945978 FL Kissimmee 34744-5838 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Doctors Pain Management Associates** Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 30 03 2015 City Zip Code State Transaction ID: C2969204 FL Orlando 32836-5862 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	<b>.</b>
Full Name (Last, First, Middle Initial)  Alan Weiss M.D.  Mailing Address 960 Royal Arms Dr  City Girard  FEC ID number of contributing federal political committee.  Name of Employer  Bel-Park Anes. Assoc. Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 44420  C  Occupation physician  Aggregate Year-to-Date ▼  250.02	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Walter I. Weiss M.B.,B.Ch.  Mailing Address 277 W End Ave  City New York  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Dept. of  Receipt For: Primary General Other (specify)	State Zip Code NY 10023-2604  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 18 2015  Transaction ID: C2949475  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Lynda Torfreda Wells M.D.  Mailing Address 4098 Wood Ln  City  Keswick  FEC ID number of contributing federal political committee.  Name of Employer  University of Virginia  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 22947-2900  C  Occupation Anesthesiology  Aggregate Year-to-Date ▼	Date of Receipt  M M / 12 2015  Transaction ID: C2945915  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	666.68
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FOR LINE NUMBER: PAGE 103 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

127

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Blake E. Wendelburg M.D., Ph.D Date of Receipt Mailing Address 7326 Oakview 03 2015 City State Zip Code Transaction ID: C2946221 KS Shawnee 66216 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Midwest Anesthesia Associates, P.A. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ezekiel J. Wetzel M.D. Date of Receipt Mailing Address 3315 Deborah Dr Suite 401 03 05 2015 City State Zip Code Transaction ID: C2942044 LA Monroe 71201-2150 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Parish Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tristan Wilson M.D. Date of Receipt Mailing Address 422 Stuart Ave 03 31 2015 City Zip Code State Transaction ID: C2978312 MI Kalamazoo 49007-3220 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Kalamazoo Anes. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional).....

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	FOR LINE NUMBER:   PAGE 104 OF									
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127

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	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Brian P. Woods M.D., B.S.		Date of Receipt
Mailing Address 6225 N State Highway 161		03 17 2015
City Irving	State Zip Code TX 75038-2241	Transaction ID : C2947456  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Northstar Anesthesia PA	Occupation  Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Jason Workman M.D.  Mailing Address 7575 W Washington Ave	•	Date of Receipt
Suite 127-374		03 27 2015
City Las Vegas	State Zip Code NV 89128-4333	Transaction ID : C2967564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Anesthesiology Consultants, Inc	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  W. Bradley Worthington M.D.		Date of Receipt
Mailing Address 101 Hillwood Blvd		03 30 2015
City Nashville	State Zip Code TN 37205-2811	Transaction ID : C2969221  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Surgery and Recovery Partners Receipt For:	Anesthesiologist	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
SUBTOTAL of Receipts This Page (optional).		666.68
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Crystal C. Wright M.D. Date of Receipt Mailing Address 3032 Jarrard St. 2015 City Zip Code State Transaction ID: C2945985 Houston TX 77005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Baylor College of Medicine Dept. of An Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. James K. York M.D. Date of Receipt Mailing Address 129-4 Hidden Creek Circle 03 19 2015 City State Zip Code Transaction ID: C2950875 Dothan AL 36301 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Consultants Med. Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Song Y. Yu M.D. Date of Receipt Mailing Address 14A Quaker Ridge Rd 03 20 2015 City Zip Code State Transaction ID: C2956782 NY Glen Head 11545-3326 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Nassaul Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Matthew W. Zeleznik M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Rd Ste 610 2015 City State Zip Code Transaction ID: C2945983 GΑ Atlanta 30342-5005 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew W. Zeleznik M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Rd Ste 610 03 29 2015 City State Zip Code Transaction ID: C2968834 GA Atlanta 30342-5005 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Hai Zhang M.D. Date of Receipt Mailing Address 14 Briarfield Dr 20 2015 03 City Zip Code State Transaction ID: C2956789 NY **Great Neck** 11020-1410 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Nassau Anesthesia Associate Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 107 OF 127 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David A. Zvara M.D. Date of Receipt Mailing Address Campus Box 7010 - N2201 UNC Hospit 2015 City State Zip Code Transaction ID: C2946173 NC Chapel Hill 27599-7010 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of North Carolina School of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 83.34 SUBTOTAL of Receipts This Page (optional)..... 71517.79 TOTAL This Period (last page this line number only).....

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	Mailing Address P.O. Box 6600					03 31 2015								
	City	State Zip Code							_					
	. rage. ete	MD 21741				Tran	sact	ion ID	: D	165359				
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Α.	Full Name (Last, First, Middle Initial) ANN PAC				Date of D	isbursement	Y	
	Mailing Address PO Box 3535				03	17	2015	
	Ballwin	State MO	Zip Code 63022-3535		Transact	tion ID : D16	5035	
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	(CHC BOLD PAC)  Mailing Address PO BOX 70980				03	30	2015	
	Washington	State DC	Zip Code 20024		Transac	tion ID : D16	5277	
	Purpose of Disbursement 2015 Contribution			011 Category/	Amount of	Each Disbu	rsement this Period 5000.00	
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Α.	FULL HOUSE PAC				Date o	f Disbursemer	nt	
					M M	/ D D	/ Y Y Y	YY
	Mailing Address PO BOX 530520				03	24	2015	
	City	State	Zip Code					
	Henderson	NV	89135		Trans	saction ID : D'	165188	
	Purpose of Disbursement 2015 Contribution							
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	Mailing Address PO BOX 628				03	03	2015	i .
		State	Zip Code		Trans	saction ID : D	164952	
	Evansville Purpose of Disbursement	IN	47704					
	2015 Contribution			011	Amoun	t of Each Dist	oursement thi	is Period
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C.	HELLERHIGHWATER PAC					f Disbursemer		
	Mailing Address PO BOX 37062				03	03	2015	
	•	State	Zip Code		Trans	saction ID : D	164955	
	Las Vegas Purpose of Disbursement	NV	89137					
	2015 Contribution			011	Amoun	t of Each Dist	oursement thi	is Period
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 111 OF 127
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NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolo	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)				
A. KATHLEEN RICE FOR CONGRE	SS		Date of Disbursem	ent
Mailing Address 410 JERICHO TURNPIKE SUITE	200		03 / 17	2015
City	State Zip Code		Transaction ID - I	D405000
Jericho	NY 11753		Transaction ID : I	D165036
Purpose of Disbursement 2016 Primary Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Ms. Kathleen Rice  Office Sought:	was at Fam. 2012	Type		2300.00
Office Sought: House Disburse Senate	ement For: 2016 Primary General			
President	Other (specify)			
State: NY District: 04	, , , , ,			
Full Name (Last, First, Middle Initial)				
B. NATIONAL REPUBLICAN CONG	RESSIONAL COM	ИІТТЕЕ	Date of Disbursem	
Mailing Address 320 FIRST STREET SE			03 / 24	2015
City	State Zip Code DC 20003		Transaction ID :	D165178
Washington Purpose of Disbursement	DC 20003			
2015 Building Fund Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		45000.00
Office Sought: House Disburse	ement For: 2015	Туре	7	
Senate	Primary General			
President	Other (specify) ▼			
State: District:	2015 Building Fo	und C		
Full Name (Last, First, Middle Initial)	•		D ( D) . l	
C. National Republican Senatorial Co	ommittee		Date of Disbursem	_
Mailing Address 425 Second St. NE			03 / 24	2015
City	State Zip Code			
Washington	DC 20002		Transaction ID :	D165195
Purpose of Disbursement 2015 Contribution				
		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		15000.00
Office Sought: House Disburse	ement For: 2015	1,400		
Senate	Primary General			
President	Other (specify) ▼			
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A. PAC TO THE FUTURE			Date of Disbursemer	
Mailing Address PMB 3230			03 03	2015
268 Bush Street			النا لنا	
,	State Zip Code		Transaction ID : D1	64948
San Francisco	CA 94104		Transaction ib . b	104340
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		1000.00
Office Sought: House Disburser	ant For: 0045	Туре		
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	Other (specify) ▼			
State: District:	2015 Contributi	on		
Full Name (Last, First, Middle Initial)				
B. MOONEY FOR CONGRESS			Date of Disbursemer	nt
Mailing Address P.O. BOX 1863			03 10	2015
MARTINSBURG	State Zip Code WV 25402		Transaction ID : D	164941
Purpose of Disbursement 2016 Primary Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		0500.00
Rep. Alex X. Mooney		Type		2500.00
	nent For: 2016			
	Primary General			
President State: WV District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. ANDY BARR FOR CONGRESS, IN	JC.		Date of Disbursemer	nt
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Mailing Address PO BOX 2059			03 24	2015
City	State Zip Code		Transaction ID D	165494
LEXINGTON	KY 40588		Transaction ID : D	ו או כסו
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Full Name (Last, First, Middle Initial)			D (D) .
A. KIRKPATRICK FOR ARIZONA			Date of Disbursement
Mailing Address PO BOX 12011			03 24 2015
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City	State Zip Code		Transaction ID : D165175
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2016 Primary Contribution		011	Amount of Each Disbursement this Period
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Rep. Ann Kirkpatrick		Category/ Type	2500.00
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Senate	Primary General		
State: AZ District: 01	Other (specify) ▼		
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B. ANN WAGNER FOR CONGRES	S		Date of Disbursement
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Mailing Address PO BOX 50			03 17 2015
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	State Zip Code		Transportion ID - D4CE024
City BALLWIN			Transaction ID : D165034
BALLWIN Purpose of Disbursement	MO 63022		Transaction ID: D165034
BALLWIN Purpose of Disbursement 2016 Primary Contribution		011	Amount of Each Disbursement this Period
BALLWIN Purpose of Disbursement 2016 Primary Contribution Candidate Name		Category/	Amount of Each Disbursement this Period
BALLWIN Purpose of Disbursement 2016 Primary Contribution Candidate Name Rep. Ann Wagner	MO 63022		
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought: House Disburs	MO 63022  ement For: 2016	Category/	Amount of Each Disbursement this Period
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought: House Disburs	MO 63022  ement For: 2016  Primary General	Category/	Amount of Each Disbursement this Period
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:    House   Disbursement   Senate   Disbursement   Senate   Disbursement   Senate   Disbursement   Senate   Disbursement   Di	MO 63022  ement For: 2016	Category/	Amount of Each Disbursement this Period
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought: House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)	MO 63022  ement For: 2016  Primary General	Category/	Amount of Each Disbursement this Period 2500.00
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:  House Senate President  State: MO District: 02	MO 63022  ement For: 2016  Primary General	Category/	Amount of Each Disbursement this Period 2500.00  Date of Disbursement
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BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:  House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF BILL POSEY  Mailing Address P. O. Box 360877  City Melbourne	MO 63022  ement For: 2016  Primary General  Other (specify) ▼	Category/	Amount of Each Disbursement this Period  2500.00  Date of Disbursement
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:  House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF BILL POSEY  Mailing Address P. O. Box 360877  City	MO 63022  ement For: 2016  Primary General Other (specify) ▼  State Zip Code	Category/ Type	Amount of Each Disbursement this Period  2500.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:  House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF BILL POSEY  Mailing Address P. O. Box 360877  City Melbourne Purpose of Disbursement	MO 63022  ement For: 2016  Primary General Other (specify) ▼  State Zip Code	Category/ Type	Amount of Each Disbursement this Period  2500.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought: House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF BILL POSEY  Mailing Address P. O. Box 360877  City Melbourne Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Bill Posey	ement For: 2016 Primary General Other (specify)   State Zip Code FL 32936	Category/ Type	Amount of Each Disbursement this Period  2500.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BALLWIN Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Ann Wagner  Office Sought:  House Senate President State: MO District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF BILL POSEY  Mailing Address P. O. Box 360877  City Melbourne Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Bill Posey  Office Sought: House Disburs	ement For: 2016  Primary General Other (specify) ▼  State Zip Code FL 32936  ement For: 2016	Category/ Type  011 Category/	Amount of Each Disbursement this Period  2500.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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City  Manchester  Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Mr. Frank Guinta  Office Sought:  Very House Senate President State: NH District: 01  Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General	Category/	Transaction ID : D164950  Amount of Each Disbursement this Period
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City Manchester Purpose of Disbursement 2016 Primary Contribution  Candidate Name Mr. Frank Guinta  Office Sought:  House Senate President State: NH District: 01  Full Name (Last, First, Middle Initial)  C. UPTON FOR ALL OF US  Mailing Address P.O. BOX 490  City ST. JOSEPH Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Fred Upton	ment For: 2016 Primary General Other (specify)   State Zip Code MI 49085	Category/ Type  011  Category/	Transaction ID : D164950  Amount of Each Disbursement this Period  2500.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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A. WALDEN FOR CONGRESS			Date of Disbursement	
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Rep. Greg Walden  Office Sought:   House   Disburser		Туре	2500.00	
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President	Other (specify) ▼			
State: OR District: 02	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. HUFFMAN FOR CONGRESS 201	4		Date of Disbursement	
Matter Address			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 151563			03 17 2015	
,	State Zip Code		Transaction ID : D165031	
SAN RAFAEL	State Zip Code CA 94915		Transaction ID : D165031	
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SAN RAFAEL Purpose of Disbursement			Amount of Each Disbursement this Period	od
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought: House Disburser	CA 94915  nent For: 2016	Category/	Amount of Each Disbursement this Period	od
SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  House Senate  Disburser	nent For: 2016 Primary General	Category/	Amount of Each Disbursement this Period	od
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:    House   Disburser	nent For: 2016 Primary General	Category/	Amount of Each Disbursement this Period	od
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  House Senate President State: CA District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114	nent For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period 1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	od
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  Senate President State: CA District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114  City Las Vegas Purpose of Disbursement	nent For: 2016 Primary General Other (specify)   State Zip Code	Category/ Type	Amount of Each Disbursement this Period 1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	od
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought: House Senate President State: CA District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114  City Las Vegas Purpose of Disbursement 2016 Primary Contribution  Candidate Name	nent For: 2016 Primary General Other (specify)   State Zip Code	Category/ Type  011 Category/	Amount of Each Disbursement this Period 1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  House Senate President State: CA District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114  City Las Vegas Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Joe Heck	nent For: 2016 Primary General Other (specify)   State Zip Code	Category/ Type  011 Category/	Amount of Each Disbursement this Period  1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y  03	
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SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  Senate President State: CA District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114  City Las Vegas Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Joe Heck  Office Sought:  House Senate  Disburser  Senate	nent For: 2016 Primary General Other (specify)   State Zip Code NV 89136  Primary General General	Category/ Type  011 Category/	Amount of Each Disbursement this Period  1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y  03	
SAN RAFAEL Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Jared Huffman  Office Sought:  State: CA  District: 02  Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE HECK  Mailing Address PO Box 750114  City  Las Vegas  Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Joe Heck  Office Sought:  House  Senate  President  Senate  President  State: NV  District: 03	nent For: 2016 Primary General Other (specify)   State Zip Code NV 89136  nent For: 2016 Primary General Other (specify)   Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  1000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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SCHEDULE B (FEC Form 3X)		FORLING	NUMBER: PAGE 117 OF 127
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or for commercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
$ \; angle$ American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF JOE PITTS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 775			03 03 2015
City	State Zip Code		
Unionville	PA 19375		Transaction ID: D164946
Purpose of Disbursement			
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Joe Pitts		Type	2000.00
Office Sought: House Disburser Senate	ment For: 2016		
President	Primary General Other (specify) ▼		
State: PA District: 16	Curior (opcony)		
Full Name (Last, First, Middle Initial)			
B. JOHN LEWIS FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 2323			03 24 2015
City	State Zip Code		
ATLANTA	GA 30301		Transaction ID : D165180
Purpose of Disbursement			
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. John Lewis	word Fam. 2012	Туре	1000.00
Office Sought: House Disburser	nent For: 2016 Primary General		
President	Other (specify)		
State: GA District: 05	• (• (• (• (• (• (• (• (• (• (• (• (• (•		
Full Name (Last, First, Middle Initial)			
C. JULIA BROWNLEY FOR CONGRI	ESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 2018			03 03 2015
City	State Zip Code		
THOUSAND OAKS	CA 91358		Transaction ID: D164957
Purpose of Disbursement			
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Julia Brownley  Office Sought:  House Disburser	ment For: 2016	Туре	
Senate Disburser	Primary General		
President	Other (specify)		
State: CA District: 26	· · · · · · · · · · · · · · · · · · ·		
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SUBTOTAL of Disbursements This Page (optional)			7000.00
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TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			
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	Detailed Summary Page	21b	22 X 23 24 25 26
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Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. JULIA BROWNLEY FOR CONGRI	SS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 2018			03 24 2015
City	State Zip Code		Transaction ID - D405400
THOUSAND OAKS	CA 91358		Transaction ID : D165190
Purpose of Disbursement			
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Julia Brownley		Type	2500.00
Office Sought: House Disburser	nent For: 2016		
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 26			
Full Name (Last, First, Middle Initial)			
B. YODER FOR CONGRESS			Date of Disbursement
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Mailing Address P.O. Box 26742			03 10 2015
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City	State Zip Code		T (1 ID D404040
Overland Park	KS 66225		Transaction ID : D164942
Purpose of Disbursement			
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Kevin Yoder		Type	2000.00
Office Sought:	nent For: 2016		
Senate	Primary General		
President	Other (specify) ▼		
State: KS District: 03			
Full Name (Last, First, Middle Initial)			
C. KYRSTEN SINEMA FOR CONGR	-00		Date of Disbursement
	-SS		Date of Disbursement
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Mailing Address PO BOX 25879	=55		M M / D D / Y Y Y Y
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Mailing Address PO BOX 25879  City STEMPE  Purpose of Disbursement	State Zip Code		Transaction ID: D164958  Amount of Each Disbursement this Period
Mailing Address PO BOX 25879  City STEMPE  Purpose of Disbursement 2016 Primary Contribution	State Zip Code	011 Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 25879  City STEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Kyrsten Sinema	State Zip Code	Category/	Transaction ID: D164958  Amount of Each Disbursement this Period
Mailing Address PO BOX 25879  City STEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Rep. Kyrsten Sinema	State Zip Code AZ 85285	Category/	Transaction ID: D164958  Amount of Each Disbursement this Period
Mailing Address PO BOX 25879  City STEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Kyrsten Sinema  Office Sought: House Disburser	State Zip Code AZ 85285  ment For: 2016	Category/	Transaction ID: D164958  Amount of Each Disbursement this Period
City TEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Kyrsten Sinema  Office Sought:  House Senate  Disburser	State Zip Code AZ 85285  nent For: 2016 Primary General	Category/	Transaction ID: D164958  Amount of Each Disbursement this Period
Mailing Address PO BOX 25879  City TEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Kyrsten Sinema  Office Sought: House Senate President  Disburser	State Zip Code AZ 85285  nent For: 2016 Primary General	Category/	Transaction ID: D164958  Amount of Each Disbursement this Period
City TEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Kyrsten Sinema  Office Sought:  House Senate President State: AZ District: 09	State Zip Code AZ 85285  ment For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID: D164958  Amount of Each Disbursement this Period
Mailing Address PO BOX 25879  City TEMPE Purpose of Disbursement 2016 Primary Contribution  Candidate Name Rep. Kyrsten Sinema  Office Sought: House Senate President  Disburser	State Zip Code AZ 85285  ment For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID: D164958  Amount of Each Disbursement this Period  2500.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 119 OF 127		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check		FOR LINE NUMBER: PAGE 119 OF 121 (check only one)		
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NAME OF COMMITTEE (In Full)					
American Society of Anesthesiolog	ists Political Action C	ommittee			
Full Name (Leat First Middle Lift)					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. BUCSHON FOR CONGRESS					
Mailing Address PO Box 250			03 03 2015		
City	State Zip Code		Transaction ID : D165437		
Newburgh	IN 47629		Transaction ib . D103437		
Purpose of Disbursement 2016 Primary Contribution	l r	011	Amount of Each Dichursement this David		
Candidate Name		011	Amount of Each Disbursement this Period		
Rep. Larry Bucshon		Category/ Type	1000.00		
	nent For: 2016	1,700			
	Primary General				
President	Other (specify) ▼				
State: IN District: 08					
Full Name (Last, First, Middle Initial)					
B. COMMITTEE TO RE-ELECT LIND	A SANCHEZ		Date of Disbursement		
Mailing Address 442 407 07 07			M M / D D / Y Y Y Y Y		
Mailing Address 410 1ST ST SE SUITE 310			03 24 2015		
	State Zip Code				
Washington	DC 20003		Transaction ID: D165184		
Purpose of Disbursement	T I				
2016 Primary Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1500.00		
Rep. Linda T. Sanchez  Office Sought:	nent For: 2016	Туре	,		
	Primary General				
	Other (specify)				
State: CA District: 38	<b>√1</b>				
Full Name (Last, First, Middle Initial)					
C. MARC VEASEY CONGRESSIONA	L CAMPAIGN COM	MITTEE	Date of Disbursement		
			M M / D D / Y Y Y Y Y		
Mailing Address PO BOX 50084			03 10 2015		
City	State Zin Code				
,	State Zip Code TX 76105		Transaction ID : D165040		
Purpose of Disbursement	. 3100				
2016 Primary Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Rep. Marc Allison Veasey		Туре	5000.00		
	nent For: 2016				
	Primary General				
State: TX District: 33	Other (specify) ▼				
State. 17 District. 33					
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			7500.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 120 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
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NAME OF COMMITTEE (In Full)			
American Society of Anesthesiology	gists Political Action (	Committee	
Full Name (Lost First Middle Initial)		i	
Full Name (Last, First, Middle Initial)  A. SALMON FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1290			03 03 2015
City	State 7:n Code		
City MESA	State Zip Code AZ 85211		Transaction ID: D164954
Purpose of Disbursement	33271		
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Matt Salmon  Office Sought:   House   Disburse	ment For: 2016	Туре	233.00
Senate Sought.	Primary General		
President	Other (specify) ▼		
State: AZ District: 05			
Full Name (Last, First, Middle Initial)	NDE-00		Data of Diahumanan
B. MICHAEL BURGESS FOR CONG	BRESS		Date of Disbursement
Mailing Address PO Box 2334			03 17 2015
City	State Zip Code		Transaction ID : D165039
Denton Purpose of Disbursement	TX 76202		
2016 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Michael C. Burgess		Туре	1000.00
	ment For: 2016		
President X	Primary General Other (specify) ▼		
State: TX District: 26	(opos) •		
Full Name (Last, First, Middle Initial)			
C. MIKE HONDA FOR CONGRESS			Date of Disbursement
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City	State Zip Code		Transaction ID - D455029
SAN JOSE	CA 95112		Transaction ID : D165038
Purpose of Disbursement 2016 Primary Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Michael M. Honda		Category/ Type	1000.00
	ment For: 2016		
Senate	Primary General		
President President	Other (specify) ▼		
State: CA District: 17			
SUBTOTAL of Disbursements This Page (optional).			4000.00
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 121 OF 127			
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NAME OF COMMITTEE (In Full)		•				
angle American Society of Anesthesiolog	ists Political Action	Committee				
Full Name (Last, First, Middle Initial)						
A. Friends of Michelle			Date of Disbursement			
		M M / D D / Y Y Y Y				
Mailing Address P.O. BOX 25422			03 24 2015			
C:h.	State Zin Code					
City S ALBUQUERQUE	State Zip Code NM 22101-3422		Transaction ID : D165187			
Purpose of Disbursement	22101-3422					
2016 Primary Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4500.00			
Rep. Michelle Lujan Grisham		Type	1500.00			
	nent For: 2016					
	Primary General					
State: NM District: 01	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
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Mailing Address 2931 E Dublin Granville Road			03 10 2015			
,	State Zip Code OH 43231		Transaction ID : D164943			
Columbus Purpose of Disbursement	OH 43231					
2016 Primary Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Pat Tiberi		Type	2500.00			
Office Sought: House Disbursen	nent For: 2016					
	Primary General					
President	Other (specify) ▼					
State: OH District: 12						
Full Name (Last, First, Middle Initial)  PAUL COOK FOR CONGRESS			Date of Disbursement			
- PAUL COOK FOR CONGRESS			M M / D D / Y Y Y Y			
Mailing Address PO BOX 365			03 24 2015			
,	State Zip Code		Transaction ID : D165185			
YUCCA VALLEY Purpose of Disbursement	CA 92286					
2016 Primary Contribution		011	Assessed of Early Disharmon and this Davied			
Candidate Name			Amount of Each Disbursement this Period			
Rep. Paul Cook		Category/ Type	1000.00			
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Senate	Primary General					
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State: CA District: 08						
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$\overline{\ }$	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiolog	ists Politic	al Action C	:ommitt	tee								
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	Full Name (Last, First, Middle Initial)												
Α.	PAUL TONKO FOR CONGRESS					Date o	f Disb	ourser	nent				
						MM		D	D /	Υ	Y	Υ	
	Mailing Address 911 Central Avenue					03	ш	24	.		2015		
	City	State Zi	p Code			T		ID	D46	F477			
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	Purpose of Disbursement				_								
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	Rep. Paul Tonko			Type			, ,			7	2500	0.00	_
	Office Sought:	nent For: 2016	 S										
	Senate	Primary	General										
	President	Other (specify)	_										
	State: NY District: 20												
	Full Name (Last, First, Middle Initial)												
В.	PETE SESSIONS FOR CONGRES	SS				Date o	f Disb	ourser	nent				
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	Mailing Address PO Box 823047					03	1	03			2015		
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•	Full Name (Last, First, Middle Initial)					<b>5</b> .					
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NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolog	ists Political Action	Committee		
Full Name (Last, First, Middle Initial)			Data of Diskumannant	
A. TIM MURPHY FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 24551			03 17 2015	
City	State Zip Code		Transaction ID : D165037	
PITTSBURGH	PA 15234		Transaction ib . b 103037	
Purpose of Disbursement 2016 Primary Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Tim Murphy Office Sought:  House Disburser	ment For: 2016	Туре		
Senate President	Primary General Other (specify) ▼			
State: PA District: 18				
Full Name (Last, First, Middle Initial)  B. TOM MACARTHUR FOR CONGR	ESS INC.		Date of Disbursement	
Mailing Address PO BOX 225			03 24 2015	
Otto	21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
City :	State Zip Code NJ 07067		Transaction ID : D165192	
Purpose of Disbursement				
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Candidate Name  Rep. Tom MacArthur		Category/ Type	2000.00	
•	nent For: 2016	туре		
	Primary General			
President	Other (specify) ▼			
State: NJ District: 03				
Full Name (Last, First, Middle Initial)				
C. COMMITTEE TO RE-ELECT TRENT	FRANKS TO CONG	SRESS	Date of Disbursement	
Mailing Address PO BOX 8105			03 03 2015	
	State Zip Code AZ 85312		Transaction ID : D164956	
GLENDALE Purpose of Disbursement	AZ 85312			
2016 Primary Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
Rep. Trent Franks		Type	2000.00	
Senate President	nent For: 2016  Primary General  Other (specify)			
State: AZ District: 08				
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NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	sts Political Action (	Committee	
Full Name (Last, First, Middle Initial)			D. ( (B) )
A. VICKY HARTZLER FOR CONGRE	SS		Date of Disbursement
Mailing Address PO BOX 531			03 24 2015
City	tate Zip Code		Transaction ID - D405400
	MO 64701		Transaction ID: D165196
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Candidate Name		Category/	1000.00
Rep. Vicky Hartzler		Туре	1000.00
Senate	ent For: 2016  Primary General  Other (specify) ▼		
State: MO District: 04			
Full Name (Last, First, Middle Initial)			Data of Bishamanan
B. BECERRA FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 71584			03 03 2015
•	tate Zip Code CA 90026		Transaction ID : D164945
Purpose of Disbursement			
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Candidate Name Rep. Xavier Becerra		Category/	5000.00
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	Primary General		
	Other (specify)		
State: CA District: 34			
Full Name (Last, First, Middle Initial)			Data of Bishamanana
C. FRIENDS OF CHRIS MURPHY			Date of Disbursement
Mailing Address P.O. Box 127		03 24 2015	
City			
Cheshire	tate Zip Code CT 06410		Transaction ID: D165183
Purpose of Disbursement			
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Sen. Christopher S. Murphy	Candidate Name Candidate Name Candidate Name Candidate Name		
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American Society of Anesthesiolo	gists Political Action	n Committee	
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Full Name (Last, First, Middle Initial)  A. KIRK FOR SENATE			Date of Disbursement
A. KIRK FOR SENATE			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 8			03 17 2015
City WINNETKA	State Zip Code IL 60093		Transaction ID: D165033
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Candidate Name		Category/	500000
Sen. Mark S. Kirk		Type	5000.00
	ement For: 2016		
Senate	Primary General		
State: IL District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. RICHARD BURR COMMITTEE;	ГНЕ		Date of Disbursement
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Mailing Address POST OFFICE BOX 5928			03 10 2015
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City WINSTON-SALEM	State Zip Code NC 27113		Transaction ID : D164940
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WINSTON-SALEM Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Sen. Richard M. Burr  Office Sought: House Senate President State: NC District: 00  Full Name (Last, First, Middle Initial)	NC 27113  ement For: 2016 Primary General	Category/	Amount of Each Disbursement this Period 1000.00  Date of Disbursement
WINSTON-SALEM Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Sen. Richard M. Burr  Office Sought: House Senate President State: NC District: 00  Full Name (Last, First, Middle Initial)  C. WYDEN FOR SENATE  Mailing Address 232 NE 9TH AVENUE	ement For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period  1000.00  Date of Disbursement
WINSTON-SALEM Purpose of Disbursement 2016 Primary Contribution  Candidate Name  Sen. Richard M. Burr  Office Sought: House Senate President State: NC District: 00  Full Name (Last, First, Middle Initial)  C. WYDEN FOR SENATE  Mailing Address 232 NE 9TH AVENUE  City PORTLAND	ement For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period  1000.00  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c × 29 30
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American Society of Anesthesiolog	ists Political Action (	Committee		
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Mark E. Honska M.D.  Mailing Address P.O. Box 162026			03 16	2015
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